

SEXUAL VIOLENCE : DYNAMICS, AFTERMATH AND INTERVENTION

Katherine E. Edward

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Sexual Violence:
Dynamics, Aftermath, and
Intervention.

Katherine E. Edward

Submitted for the
Degree of Ph.D.
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Abstract

This thesis examines the nature of sexual violence, the trauma experienced by survivors, how report rate for this type of crime can be increased, and how secondary victimisation of survivors can be prevented. Laboratory examination of the attributions made about survivors of sexual violence found that they not only differ from those made about survivors of non-sexual crimes, but also that negative attitudes are strongly related to the gender-role attitudes of the attributor. Empirical research also suggested that providing written information may not be sufficient to alter negative attitudes. Results of a general public crime survey (N=266) suggest that the trauma experienced by survivors of sexual violence is higher than that of survivors of other crime types. Specific examination of the experiences and recovery of survivors of sexual violence (N=42) found that severe assaults, recent victimisation, and assault by a known offender, are related to high levels of symptomatology. Negative self-attributions and perceptions were also found to be related to high levels of symptomatology, and these cognitions were found to be the strongest predictors of recovery. Unlike previous findings with other subject groups, self-blame was not found to be related to increased control. Examination of post-assault factors suggests that the low report rate for sexual crimes may be due to lack of faith in the police and fear of Criminal Justice interactions. In addition, it was found that dissatisfaction with report decision was highly related to levels of symptomatology. A model of how assault factors, survivor cognitions and post-assault interactions may relate to each other and symptomatology is presented. The findings of the survey and laboratory research are discussed in terms of their implications for successful support of survivors, increasing report rate for sexual crimes, the prevention of secondary victimisation, and future psychological research.

I, Katherine E. Edward, hereby certify that this thesis, which is approximately 85,000 words in length, has been written by me, that it is the record of work carried out by me and that it has not been submitted in any previous application for a higher degree.

Date: 7th March 1997 Signature of Candidate.....

I was admitted as a research student in October 1993 and as a candidate for the degree of Ph.D. in October 1994; the higher study for which this is a record was carried out in the University of St. Andrews between 1993 and 1997.

Date: 7th March 1997 Signature of Candidate.....

I hereby certify that the candidate has fulfilled the conditions of the Resolution and Regulations appropriate for the degree of Ph.D. in the University of St. Andrews and that the candidate is qualified to submit this thesis in application for that degree.

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**I would like to dedicate this thesis to the survivors whose
strength and altruism made this project possible.**

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CHAPTER ONE

Introduction

Crime appears to receive more and more media and public attention within today's society, and is frequently viewed as a growing problem.¹ Bearing in mind the possibility that crime rates may actually be rising, it may also be the case that a gradual increase in awareness, openness and understanding is leading to more crimes coming to light.² Within the scope of criminal offences, sexual crimes in particular have received a great deal of psychological research attention in recent years (e.g., Allison & Wrightsman, 1993; Kilpatrick, Edmunds & Seymour, 1992; Ward, 1995). One of the principal reasons for this research interest may be a change in the manner in which victims³ of sexual violence are viewed which, in turn, has facilitated a greater understanding of the nature and effects of sexual crimes.

Until the twentieth century women⁴ were commonly seen as the property of their fathers and husbands, as an asset that was 'damaged' or 'devalued' rather than traumatised, by sexual assault (Donat & D'Emilio, 1992). During this century, the Civil Rights Movement inspired the 'Women's Movement', which in turn gave rise to the 'Victims Movement' (Viano, 1992). The 'Victims Movement' emerged in the early 1970's in the USA, and aims, not only to improve awareness, but also to increase the rights and effective support afforded

¹ The 1988 British Crime Survey (Scotland) found crime was second only to unemployment in terms of being a major focus for public concern (Kinsey & Anderson, 1992).

² The 1992 British Crime Survey suggests that whilst crime figures have increased since 1981, there has been a comparatively greater rise in the number of crime reported to the police (Mayhew, Maung & Mirrlees-Black, 1993).

³ During this thesis, the word 'survivor' will commonly be used instead of 'victim' in reference to men or women who have experienced sexual victimisation. This is in recognition of the possibly negative connotations of the word 'victim' and is in accordance with accepted terminology used within sexual assault support programs. However, the word 'victim' will be used when it has been more commonly used in the relevant literature (e.g., research into attributions towards crime victims).

⁴ **Methodological Note:** Due to the fact that the majority of survivors, especially of adult rape or abuse, have been found to be female (see Chapter 2) and because of certain methodological considerations, the laboratory and field research in this thesis focuses only upon the attitudes towards, experiences of, and recovery of female survivors. This is in no way meant to minimise or disregard the experience of male survivors of sexual abuse.

to victims of crime. It was not until the emergence of groups solely concerned with the rights of women and the rights of victims, that feminists began to reconceptualise sexual violence from the point of view of it's survivors (Donat & D'Emilio, 1992). In the last twenty-five years, therefore, society has become increasingly more aware of the prevalence of sexual violence and it's consequences.

Commonly, the USA is viewed as having a much higher prevalence of sexual crime than other countries (Allison & Wrightsman, 1993). Prevalence estimates for the USA range from 12% to over 50% dependent upon the definition of sexual violence employed and sampling techniques used (e.g., Himelein, 1995; Mayall & Gold, 1995; Resnick, Kilpatrick, Dansky, Saunders & Best, 1993; Ullman & Siegel, 1993; Warshaw, 1988). Translating such estimates into more human terms the "Rape in America" report (Kilpatrick, Edmunds & Seymour, 1992) reported that there are 1.3 forcible rapes in the USA every *minute*, and at least 12.1 *million* women in the USA who have been raped during their lifetime. Whilst it is indeed possible that the USA experiences a higher proportion of sexual crimes compared to the UK, it should also be borne in mind that the majority of psychological and criminological research into sexual crimes has taken place in the USA. As such, it is possible that higher prevalence figures are the result of more intensive research, and increased openness and awareness concerning sexual violence. It is important, therefore, that countries like the UK avoid the assumption that sexual violence is not as great a problem within their society. They must strive to achieve a more accurate understanding of the magnitude of the problem it poses in order that effective strategies can be employed to combat sexual violence and that suitable support services can be put in place for survivors.

The following introduction will examine the prevalence and report rates of sexual crimes in this country, compared to other crime types, and also in

relation to the levels at which women fear sexual victimisation. This examination will serve to highlight not only the scale of the problem sexual violence poses within our society, but also those issues which require further research. Following this, the format of this thesis will be outlined in terms of the specific aspects of sexual victimisation which will be discussed and examined, how this will be done, and the intended aims of both the literature review and empirical research.

Prevalence and Fear of Crime

The "Women Thinking about Crime" study, carried out in Scotland by McLaughlin, Dobash and Dobash (1990), surveyed 1,207 women. Almost half those women (45%) stated that they had experienced some form of crime. Whilst the most common type of crime experienced by women was theft of or from a motor vehicle (36.7%), followed by actual or attempted housebreaking (31.2%), and physical assault (30.5%), the percentage who had experienced sexual crimes was still sizeable (25%). This represents 11.4% of all subjects as having experienced sexual assault.⁵ The Women's Support Project/Glasgow Evening Times Report on Violence Against Women (Bell, 1990) also found that of the 1,503 women who responded to their survey, 41.1% had experienced sexual assault.⁶ These studies highlight the fact that crime as a whole, and specifically sexual crime, is a significant problem for women in Scotland. The effects of this type of victimisation upon women, therefore, deserves specific research attention.

McLaughlin, Dobash and Dobash (1990) also highlighted another important issue surrounding sexual crimes, which is the relationship between prevalence and report. They found that whilst only 9% of car crime, and 15% of housebreaking was not reported to the police, 55% of physical assaults and 69% of

⁵ It should also be noted that the 137 women who reported sexual crimes had experienced 667 individual incidents between them.

⁶ This figure highlights the number of women affected by sexual violence, though does not represent a prevalence estimate as subjects responded to a media advertisement and were not obtained through random sampling.

sexual crimes had not been reported. The British Crime Survey (Scotland) 1988, also found report rates for sexual crimes to be especially low in comparison to other types of crime (Payne, 1992). The BCS (Scotland) suggested that in 1987 only 15% of sexual assaults were reported to the police⁷, in comparison with a 70% report rate for housebreaking, 98% for theft of a motor vehicle, and 48% for theft from the person. It appears, therefore, that there are some aspects specific to sexual crimes which discourage women from reporting them to the police.

Research (e.g., Madigan & Gamble, 1991) has suggested that the most common reason why women do not disclose or report sexual violence is fear of interactions with Criminal Justice System and negative reactions from significant others and society. This raises a number of issues of importance. First, how does the public view survivors of sexual violence, and are sexual assault survivors more likely to meet with negative attitudes than survivors of other types of crime? If so, can negative attitudes be altered? Second, why do women fear Criminal Justice interactions, is this fear founded in reality, and if so how can such interactions be made less traumatic? Tackling those problems that contribute to low report rates for sexual crimes could also serve to aid effective prevention strategies. Prevention strategies can concentrate upon either the education of women as to how to effectively avoid sexual victimisation, or the effective removal of sexual offenders from society. Effective education is only possible with a basis of accurate information concerning the dynamics and prevalence of crimes which, like successful apprehension and incarceration of offenders, is dependent upon the highest possible number of sexual crimes being reported. Examination of why women do not report sexual crimes and the experiences of those survivors who do report is, therefore, of vital importance.

It is not only through direct experience of victimisation that sexual crimes affect the lives of women. Fear of victimisation can also act as an invasion into women's lives. The Women's Support Project/Evening Times survey (Bell,

⁷ The report notes that the very low report rates for sexual crimes make even this estimate unreliable (Payne, 1992).

1990) found 65.5% of women were fearful of victimisation at home, 55.8% were frightened when out alone in daylight, and 95.7% were frightened when out alone after dark. In other words, the majority of women appear to experience an everyday fear of violence. It has been suggested (e.g., Gordon & Riger, 1989; Warr, 1984), that for women, especially young women, fear of crime may largely be translated into a fear of rape and its consequences (Stanko, 1993). Indeed, The Edinburgh Crime Survey found that 45.4% of women surveyed were "very" or "fairly" worried about the risk of sexual victimisation (Anderson, Smith, Kinsey & Wood, 1990). A similar figure was reported by the British Crime Survey (Scotland), which found that over half the women⁸ interviewed were "very" or "fairly" worried about rape (Kinsey & Anderson, 1992).

Despite the fact that women's *reported* risk of sexual victimisation and their levels of fear may not match (Stanko, 1993), this does not suggest that their fear should be discounted. Stanko suggests that women not only alter their behaviour to prevent assault by a stranger, but also bargain and negotiate for their safety with men they know and may, in view of their fear of assault by a stranger, turn for protection to men they know (from whom they may be more at risk⁹). High levels of fear, therefore, appear not only to affect peace of mind and possibly the freedom of action women feel they have within their own lives, but it might also lead them to take courses of action which put them in greater danger. Attempts to decrease levels of fear of sexual crime, however, cannot and perhaps should not, be made without comparable attempts to fully understand sexual violence in order to educate women about how best to protect themselves from victimisation and more importantly reduce the risk of such victimisation.

The crime surveys that have been carried out in recent years in the UK highlight a number of distinctive aspects of sexual crimes in comparison to other crimes types. The distinctive characteristics of sexual crime highlight it as an

⁸ Over 5,000 men and women took part in the BCS (Scotland).

⁹ See chapters 2 and 5 for discussion of the prevalence of sexual assault by offenders who are known to their victims.

issue of concern from a psychological, sociological and criminological standpoint. If sexual crime has a prevalence comparable in society to other types of crime then it is necessary to ascertain it's effects in comparison to those of other crime types. Also, a full understanding of the nature of sexual crimes is necessary in order to implement effective intervention and prevention strategies. Finally, the issue of negative attitudes towards survivors of sexual violence needs to be tackled in order to prevent secondary victimisation¹⁰ and increase levels of report.

Structure of Thesis

The present thesis aims to examine each of these issues, both through a review of the relevant literature and by empirical research. The literature review (Chapters 2 and 3) will provide an analysis of the dynamics of, explanations for, and myths surrounding sexual violence. In doing so, it will provide not only a clearer picture of the nature of sexual violence and what the causes of it are, but also the extent to which erroneous explanations for it's causes might actually perpetuate myths and prevent effective education and intervention. Following this, the aftermath of sexual victimisation will be examined, not only in terms of it's psychological effects upon survivors, but also in terms of post-assault interactions, the effects of secondary victimisation, and the nature of the attributions other people make about survivors of sexual crimes.

Following the review chapters, a number of research chapters are presented which relate directly to the issues raised in the literature review. First, the manner in which the attributions made about survivors of sexual crimes differ from those made about survivors of non-sexual crimes, and how negative attitudes might be altered, are examined through two laboratory studies (see Chapter 4). Second, the results of an indepth crime survey are presented in

¹⁰ Secondary victimisation refers to further traumatising interactions that result from the primary victimisation episode.

Chapters 5, 6, and 7. Rather than aiming to serve as another prevalence study, this survey attempts to examine fully all aspects of the psychological impact of sexual violence. The psychological reactions of survivors are described, not only as a whole, but also in comparison to those experienced by survivors of other types of crime. This survey also examines the effects of assault characteristics, and survivor attributions upon recovery (Chapter 5). The reasons why survivors chose certain courses of action post-assault, and the effect post-assault interactions have upon their recovery is examined in Chapter 6. Finally, an integrated examination of the relative importance of assault characteristics, survivor attributions and post-assault interactions in predicting recovery is presented in Chapter 7.

This thesis aims to provide a clearer understanding of what sexual violence is, how it is perceived, the effect it has on the lives of survivors, and how the problems and trauma it causes can be most effectively reduced or overcome. Results and conclusions (see Chapter 8) are presented and discussed in terms of their implications for survivors of sexual violence, the Criminal Justice System, support providers, future researchers, and society as a whole.

CHAPTER TWO

The Nature of Sexual Violence

This chapter sets out to examine three important aspects of sexual violence. First, the various manifestations of sexual violence and their relative dynamics; second, explanations for the existence of sexual violence; and third societal attitudes towards sexual violence. Although these aspects will be discussed separately, their relationship to each other will also be examined. Specifically, a model is formulated that attempts to portray the efficacy of the various explanations in accounting for the many manifestations of sexual violence, how explanations might affect attitudes, and how these attitudes might relate back to the prevalence of sexual violence. It is hoped that this model will provide not only a clearer understanding of the relationship between these various aspects, but highlight the need for a clear and evidentially supported understanding of what sexual violence is.

MANIFESTATIONS AND DYNAMICS OF SEXUAL AGGRESSION

"It is interesting that men who verbally harass women on the street say they do so to alleviate boredom, to gain a sense of youthful camaraderie, and because it's fun (Bernard & Schlaffer, 1984) - the same reason men who rape give for their behaviour." (Scully & Marolla, 1993; p. 44).

The definition of 'rape' as 'forced penile-vaginal penetration', is widely held within the public consciousness as well as by the Criminal Justice System. However, it is just one manifestation along a continuum of sexually aggressive behaviour prevalent in society. The following is a discussion of the dynamics of the acts of sexual aggression that fall along this continuum ranging from those

which involve no physical contact between victim and aggressor to the organised and ritualistic abuse of one or more individuals. The placement of these manifestations along an ordered continuum is not meant as a statement about the relative severity of the acts or the trauma experienced by the survivors of differing acts.¹¹ Rather, the aim is to portray the numerous and disparate ways in which sexual aggression can be expressed whilst pinpointing the threads of similarity in dynamics, motivation, and effect, that bind these behaviours together into a distinct though diverse group.

Obscene Telephone Calls

If the severity of an incident is judged by the amount of physical contact or force involved, then obscene telephone calls might be seen as one of the least serious types of sexual assault. For the women who receive them, however, they often serve as a form of terrorism and anonymous sexual abuse. Sheffield (1993) surveyed 58 women about their experiences of obscene telephone calls, and found that of the 53 women who had received them, a large proportion (91%) reported feelings of anger, fear and disgust, and many of them felt it was a type of abuse. Virtually all the calls were sexually explicit and four of the subjects reported that the calls evoked a fear of rape.

The remaining 9% of women in Sheffield's study said the calls had no effect on them and dismissed them as something they felt they 'just had to put up with'. It is interesting to note that for some women such a potentially traumatic experience was viewed in this way. This suggests a level of acceptance of such terroristic behaviour towards women as part of social structure. In fact, Sheffield remarked that "*the dynamics of obscene phone calls mirror the social construction of masculinity and femininity*" (p. 77). She defined this construction as the aggressive vocalisation of male needs and the silence and passivity of females. However, it also suggests a right of invasion by men into the lives of women, and a level of acceptance on the part of women of their own

¹¹ Survivor reactions to sexual violence will be discussed fully in Chapter 3.

vulnerability to such behaviour.

It is likely that the males who make such calls obtain some level of sexual gratification and amusement from them. It is also important, however, to bear in mind that some individuals who first exhibit sexual aggression through obscene telephone calls have been found later to progress to more serious sexual offences (Hazelwood, 1996).

Sexual Harassment

Although sexual harassment could theoretically take place in almost any setting, two of the most commonly researched examples which portray the important dynamics of sexual harassment will be discussed. The first of these scenarios involves sexual harassment in the workplace. Fitzgerald (1993ab), who carried out an extensive review of incidence data, estimated that one in two women will experience work-place sexual harassment at some point in their career (Bargh, Raymond, Pryor & Strack, 1995). When the incident takes place in the workplace, the fact that the woman's livelihood may be in jeopardy might exacerbate the woman's feeling of helplessness when it comes to speaking out about the situation (MacKinnon, 1979; Silverman, 1976; United States Merit Systems Protection Board, 1981).

Schneider (1993) found in her in-depth study into women's experiences of workplace harassment, that although the sample ranged from 16 to 42 years at the time of the study, it was mainly women in their early 20's who were assaulted, mainly by their bosses and co-workers. Almost all the women who experienced sexual harassment were single, separated or divorced at the time of the assault. The fact that most were young and unmarried is consistent with statistics on other types of sexual harassment (Russell & Howell, 1983; Schneider, 1982; Schram, 1978; Tangri, Burt & Johnson, 1982). To explain such statistics, MacKinnon (1987) proposed that rape is about eroticised dominance, and young, heterosexual women are considered more accessible, available, and sexually

desirable than older ones. However, Martin (1980) felt that this group was the most vulnerable because they typically lack sufficient job security, co-worker support, and the experience to manage difficult situations. In other words, they are less likely to be able to protect themselves against, or put a stop to, this type of aggression.

In Schneider's study, bosses were responsible for nearly one half of both attempted and completed assaults. None of the assailants were subordinate to the woman assaulted and 67% were married men. The fact that none of the assailants were subordinate to the victim is not surprising if you consider that in 29% of the workplace incidents some form of economic promise or threat was used.

The second example to be discussed, harassment in educational settings, also displays the 'threat or promise' and 'abuse of power' dynamics. The threat of bad grades if they complain, or good grades if they comply can put students in a virtually 'no-win' situation when sexually harassed by a teacher. The similarity between employment and educational settings probably accounts for the prevalence of sexual harassment in both situations. Wilson (1994) surveyed 776 students at Cambridge University and found that one in ten had experienced unwanted attention from a member of the academic staff. Two percent reported that the harassment had gone as far as requests for sex or unwanted sexual contact. Wilson noted that a similar study in the USA (see Dziech & Weiner, 1984) found that 20-30% of female students had experienced sexual harassment by male members of faculty.

The power dynamics of this type of sexual aggression are especially conspicuous. Those men who harass and assault subordinates in this type of setting are taking advantage of and abusing their dominant position over women. The large percentage of married aggressors in Schneider's study also highlights the improbability that their sexual aggression results from a lack of alternative outlets for sexual needs. The dynamics of abuse based on a power

differential between victim and aggressor, and the powerlessness of victims to prevent effectively the aggression without loss to themselves, appear to span the continuum of sexual aggression.

Date or Acquaintance Rape

College campuses and student populations have received the majority of research attention with regards to acquaintance rape. This is probably due in part to the fact that these populations are easy to pinpoint and survey, but also because the prevalence of parties, drugs and alcohol in college environments may increase the likelihood of acts of sexual aggression. It has been suggested that in these situations, alcohol or drugs might be used by males to achieve sexual contact (Muehlenhard & Cook, 1988). It was also suggested by Bechhofer and Parrot (1991) that the level of intoxication of the male can be seen as the most important factor in determining whether acquaintance rape will occur. Whilst intoxication is often used as an excuse by sexually aggressive males for their behaviour, it is hard to see it as a compelling one, as all drunk males do not rape.¹² It may be the case, however, that alcohol is used by some males to overcome any initial inhibitions in order that they might fulfil their dominatory and ulterior sexual desires. It should also be borne in mind that if the victim was intoxicated, it is especially likely that she and others will feel that she was responsible for the rape, or that what happened was not in fact rape at all.

Shotland (1989) posited a theory of the differential processes that may lead to sexual aggression at different time periods during a dating relationship. Some of these processes suggest that the male might create his own theory about the woman's desires. This is not to say that these assaults arise from an innocent misinterpretation, or a lack of effective communication between partners. In her sizable study on acquaintance rape, Mary Koss found that 83% of victims had tried to plead with the perpetrator not to do it, 77% had 'turned cold' in the hope

¹² Although Richardson and Campbell (1982) found rapists are blamed less by others if they were drunk at the time of the assault.

he would not wish to carry on, 11% screamed, and 11% tried to run away (Warshaw, 1988). Another possibility put forward by Shotland is that some males might enter the relationship due to a desire to rape and the knowledge that during a date it would be less likely to be labelled as rape. Indeed, it appears likely that most males may be aware of the fact that women are unlikely to report date rape, and if they do report they are unlikely to be believed (Allison & Wrightsman, 1993; Scully & Marola, 1993). It also appears to be the case that women are especially unlikely to define an experience as rape (even when it involved actual use of force) if they are acquainted with the rapist (Muehlenhard, 1988). This may create a power differential between men and women in such situations where one might not necessarily expect to find one.

Child Sexual Abuse

Prevalence figures for child sexual abuse vary depending upon methodology and estimates range from 6% to 62% for females and 5% to 16% for males (Doyle, 1994). Doyle's results also showed that there was no correlation between abuse and social class or residential area, which suggests "*victims come from all walks of life*" (Doyle, 1994). However, due to the differing prevalence estimates, childhood sexual abuse of males and females will be examined separately, starting with females.

The perpetrators of child sexual abuse frequently appear to be men who are known and trusted by the child. Mennen and Meadow (1995) looked at a sample of 135 female children within crisis intervention or treatment programs and found 95.5% were abused by someone they knew, and 99.3% of abusers were male. Also, 51.5% of abusers were seen as a father figure by the girls, and 69.6% of the girls had experienced full sexual penetration. In a study of the parents of children abused by individuals outwith the immediate family, Davies (1995) found only one case of stranger abuse, and in the other cases the perpetrator was known and frequently trusted. Over a quarter of these cases involved extended

family members (e.g. grandfather, cousin, uncle).

Abuse of dominance and power is an important concept in explaining child sexual abuse. Father/daughter abuse, which is especially frequently reported, can be seen to represent a paradigm of female sexual victimisation. The relationship between father and daughter, between the adult male and female child, where the male has a large amount of control over the course of the female's life, can be viewed as the most unequal there is (Herman & Hirschman, 1981). The father is abusing his power in the home and making the child pay with her body for affection and care that should be freely given.

The course of the abuse between fathers and daughters often follows a particular pattern. In their 1981 study, Herman and Hirschman found that 80% of the abused girls in their study were under 13 years old when their father first approached them sexually, the average age being 9 years. The abuse gradually grew more severe, with full sexual intercourse normally not occurring until the girl reached puberty. This study also found that force was rarely used on the girls as it was not necessary. This fact would seem to emphasise the abuse of trust in addition to power. Girls under 10 years of age are more likely to trust a father's judgment and reasoning without question as their experience of the world would be limited. In addition, the abuser would often give the victim explanations of what was happening that sounded silly to them in retrospect. Herman and Hirschman (1981) cited examples where the abuser seemed to be implying to the girl that it was necessary for their father to introduce them to sex, or that in carrying out various acts the girl could please him. For a girl as young as 9 years old who is unaware that such things are not normal, and who may even feel that in not wanting to do them she was abnormal, the most likely thing for her to do would be to go along with her father's wishes, which is probably why force was rarely necessary.¹³ Murdock, as long ago as 1949, reported

¹³ Anne Marie West (1995) in her book *"Out of the Shadows"* wrote of her years of abuse and torture at the hands of her father and stepmother, Fred and Rosemary West. Anne Marie related how she had been constantly reassured that what was happening to her 'was normal', and remarked *"What eight-year-old could rationalise such abuse and know where to go for help even today"* (p. 74).

a victim who said:

"I think if there was a big bill board out there when I was eight years old that said, 'If your father's bothering you call this number', you know, I probably would have done it". (Quoted by Herman and Hirshman, 1993, p. 54)

It should also be borne in mind that in the case of child sexual abuse, the difficulty for the victim to act against the abuse without further detriment to themselves is especially acute. For a child to speak out about abuse, they must face the possibility of losing their family unit which, despite the abuse, is the only source of security they know. In addition, they frequently face the consequences of not being believed if they do disclose. It is likely that these factors work greatly in favour of the abuser to prevent the victim from disclosing.

Rape and sexual abuse of males has received relatively little research attention, probably due to the fact that the majority of survivors of sexual violence are female (Finkelhor, Hotaling, Lewis & Smith, 1990). Estimating the prevalence of child sexual abuse of males is fraught with problems some of which are similar to those experienced by females and some of which are specific to males. Mendel (1995) identified the following issues that make it unlikely for boys to disclose, and encourages the community to suspect the reality of their victimisation:

- (i) Males are socialised to see themselves as competent and powerful, not as helpless and victimised. They are taught to associate abuse with being weak and female and to hide their vulnerabilities.
- (ii) There is a stigma of homosexuality associated with sexual abuse by a male.
- (iii) There is a belief that sexual interactions with older females are at least benign and non-abusive, and probably positive.
- (iv) Males often feel their experience is rare, due to a focusing of research and media attention on female victimisation.
- (v) All the previous factors lead to increased fear, denial and self-blame due to

unwillingness to see themselves as 'helpless' victims.

Mendel (1995) found research amongst college students produced estimates of male abuse from 4.8% (Fritz, Stoll & Wagner, 1981) to 33% (Landis, 1956); non-student studies produced estimates from 3% (Kercher & McShane, 1984) to 16% (Finkelhor et al., 1990); and studies of specific populations produced estimates from 2.5% (intake at adolescent medicine centre, Johnson & Shrier, 1987) to 13% (adult psychiatric outpatients, Swett, Surrey & Cowan, 1990) to 59% (adult male sex offenders abused as children by females, Petrovich & Templer, 1984). Whilst the range in estimates is undoubtedly due to methodological differences (population, sampling method, definition) and as such should be treated with due caution, they nevertheless suggest that whilst females are more likely to be victimised, the difference between rates of male and female sexual victimisation in childhood may not be that great (Mendel, 1995).

Some studies have shown a difference between the age at which boys and girls experience sexual abuse (e.g., De Jong, Emmett & Hervada, 1982; Faller, 1989; Pierce & Pierce, 1985). However, Finkelhor (1984) suggested that this may be due to females being more likely to be abused within the home and therefore more likely to have experienced the abuse for a long time. Thus, the differences might be an *'artifact of the passage of time between onset and reporting of the abuse'*. In addition, studies which have shown that males are likely to experience 'more severe' abuse than females are thought by Mendel to reflect the fact that males are less likely than females to disclose *unless* they are victims of especially severe physical or sexual abuse.

The percentage of males sexually abused by strangers compared to people they know, has been found by most studies to be similar to the findings for female survivors. For example, the percentage of males abused by strangers has been found to be 15% in a higher education sample (Risin & Koss, 1987) and 20% in a hospital based study (Showers, Farber, Joseph, Oshins & Johnson, 1983). One study of the general population which found the percentage of males abused by

strangers to be as high as 40% (Finkelhor et al., 1990) only recorded activity *regarded by the victim* as abusive, which is likely to lead to an underestimate of abuse by known individuals (e.g., Patton & Mannison, 1995). There is also evidence that males are abused in a ritualistic manner similar to females (Hobbes & Wynne, 1994).

One difference that may exist between the abuse of male and females is the percentage who are abused by females. Research by Finkelhor and Russell (1984) produced an estimate of 20% of sexually abused males being abused by females¹⁴, although studies of populations of convicted sex offenders have produced much higher estimates (e.g., 66% - Groth, 1979; 59% - Petrovich & Templar, 1984; 46% - Condy, Templar, Brown & Veaco, 1987). Several studies have found that the majority of females who abuse, do so in conjunction with a co-offender who is more often than not a male (e.g., Faller, 1987; McCarty, 1986) which indicates that it is uncommon for females to perpetrate abuse on their own.

It is unlikely that the lack of research into and prevalence figures for sexual abuse of males by males in adult intimate relationships is because it does not exist. It is more likely that the power differentials between males in these and other situations (e.g., prisons) would be abused in a manner similar to that seen in male-female interactions. However, the fact that males are much more likely to be in a position of power over women, due to being male in what remains an essentially patriarchal society, suggests that abuse of males is likely to be considerably less common than abuse of females. Furthermore, the fact that it is during childhood that males are at their most powerless (to both adult males and females) might suggest that this is when sexual abuse of males is most prevalent.

¹⁴ Finkelhor and Russell (1984) discounted data from the American Humane Association that 46% of abuse of males was perpetrated by females, as this figure included female caretakers who "permitted acts of sexual abuse to occur". This discounts the pressure not to act that might be exerted by abusive males on females who discover abuse to be taking place.

Marital Abuse

Another situation in which men can abuse their position of power and trust is in instances of rape and violence within marriage. A survey of 930 Californian women carried out by Russell in 1978 found:

*"...approximately one in every seven women who has ever been married in our San Francisco sample was willing to disclose an experience of sexual assault by their husbands that met our quite conservative definition of rape."*¹⁵ (p. 57, Russell, 1990).

Russell's study was years ahead of real public awareness of the problem, and the lack of attention to the issue of marital abuse is probably due to the fact that in historical terms marital rape was seen as a privilege of husbands, given that wives were seen as the property of their husbands'¹⁶ (Russell, 1990). It is only in recent years that rape in marriage has become a crime in a number of countries and recent high profile cases have brought the problem of domestic violence to public attention.¹⁷ The separation of marital rape from 'domestic violence' may be unnecessary (Browne, 1987) as a number of studies have found the two to be closely related (e.g., Frieze, 1983; Dobash & Dobash, 1979). Also, in a comparison of 42 women who had killed their abusive husbands with 205 battered women who did not take lethal action, Browne (1987) found 76% of the homicide group and 59% of the comparison group had been raped by their husbands.

Several theories have been put forward to explain why women do not leave their husbands after the first abusive act. Lenore Walker (1979) first

¹⁵ Intercourse (vaginal, oral, and anal) or digital penetration, obtained by threat of force, or when consent is impossible due to the victim being unconscious, drugged, asleep, or otherwise helpless (Russell, 1990).

¹⁶ In the UK, Lord Chief Justice Hale stated in the sixteenth century that by consenting to matrimony the woman had "given herself up in this kind" to her husband, an attitude that remained for nearly three centuries. In the USA, Hale's opinion on 'husband's privilege' was accepted in 1857, and endured into the 1970s at which time most States had rape statutes which discounted the rape of wives by their husbands (Estrich, 1987).

¹⁷ The 1995 trial of OJ Simpson for the murder of his estranged wife who he was alleged to have abused during their marriage, is possibly the one incident that has done most to raise public awareness of domestic violence in the US (Personal communication from Kathy Schwartz, Administrator of US Department of Justice, Violence Against Women Program, May 1996).

attempted to explain this in terms of the theory of 'learned helplessness'.¹⁸ This theory, however, fails to account for the women who do eventually leave or take more drastic action against their abusers. A second theory put forward by Walker (1979) is that of a 'cycle of violence', in which there is a 'tension-building' phase followed by a phase of acute battering. It is suggested that it is after the incident of violence that the wife would be most likely to leave, although at this point the batterer is likely to act repentant, and promise to change. Walker (1979) suggested that by staying at this point, women become accomplices in their own battering. However, Russell (1990) presented a number of cases which showed no such phases, but continual abuse for those women who stayed with their husbands.¹⁹

Rusbult and Martz (1995) carried out interviews with 100 women who sought refuge at shelters for battered women in an examination of an 'Investment Model of Nonvoluntary Dependence'. In line with their model they found that women who had fewer economic advantages, had more invested in the relationship (i.e., are married), and were less severely abused, were more committed to their relationships. A high level of commitment to the relationship (which they see as nonvoluntary dependence) was found to distinguish those women who returned to their partners after leaving the shelter from those who did not.

It should also be taken into account that the police are often unwilling to become involved in situations of domestic violence. Ferraro (1993) suggests that this is because they fear that after they have carried out an arrest and taken the case to trial the victim will then drop the charges, or refuse to testify. Ferraro (1993) also suggests that this unwillingness on the part of the police can lead to a worsening of the situation. Providing women with the help they need to press charges has been found to help considerably. Programs that provide advocacy

¹⁸ This theory suggests that once an individual believes they are helpless in a situation, this becomes their reality and they become passive and submissive (Russell, 1990).

¹⁹ Russell (1990) pointed out that only 22% of the battered wives in their sample were still in the relationships, and at the time of the interview many had broken free.

services to victims of crime in California and Philadelphia show an increase in victim cooperation to 80 - 92% of all complaints filed (Lerman, 1983). It would appear then that when battered women are provided with information about the legal processes involved and support for testifying, there is a much higher chance of bringing a prosecution.

Asking why battered and abused wives do not leave their husbands could be seen as deflecting responsibility from the abusive males. Research into the causes of marital violence has been found to be most effective when it focuses on the motives of the violent husband and not the actions of the wife (Holtzworth-Munroe & Stuart, 1994). Marital rape might be seen as a legally sanctioned form of acquaintance/date rape (Russell, 1990) where the motivations are the same, though the power differential is amplified by the marriage to a point where men feel sex is their right and women feel it is their duty. It is also the case that, as in child abuse and acquaintance rape, the fact that the assailant is someone they know and trust, women are unlikely not only to recognise it as rape but also to feel that they should, or indeed could, do anything to prevent it.

Stranger Rape

Whilst constituting the minority of rapes which occur (e.g., Koss, Gidycz & Wisniewski, 1987), stranger rape continues to attract considerable research attention. This is perhaps due to the fact that it fits the commonly held belief that rapes are committed by strangers, and it tends to attract high levels of media attention. Alternatively, it may be because compared to acquaintance rape, stranger rape is more likely to involve the use of a weapon (Koss, Dinero, Seibel & Cox, 1988; Koss et al., 1987; Scully, 1990), higher levels of physical injury inflicted on the victim²⁰, or result in a sexually motivated homicide (see Ressler, Burgess & Douglas, 1988). The increased likelihood of violence is likely to be partly accountable (in conjunction with acquaintanceship) for the differing report

²⁰ It should be noted that higher levels of physical injury endured by survivors of stranger rape is not an indication that psychological trauma is greater than for date/acquaintance rape (Allison & Wrightsman, 1993).

and conviction rates between stranger and acquaintance rape.²¹ It has indeed been found that the higher the level of physical violence in a rape the greater the likelihood that the victim will report it to the police (Russell, 1984). Also, it has been suggested that the majority of prosecutors will look for physical injury when making the decision to prosecute (Law Enforcement Assistance Administration, 1977). It may simply be that the existence of physical injury and use of a weapon makes it more plausible that intercourse was non-consensual (Allison & Wrightsman, 1993).

Stranger rape can be part of a pattern of serial rape committed by one offender. The National Centre for the Analysis of Violent Crime in the USA, for example, carried out interviews with 41 serial rapists responsible for committing a total of 837 rapes. Hazelwood and Warren (1990) provided an analysis of the behaviour of these individuals. Contrary to the popular stereotype, 61% of the rapes were pre-meditated; the majority of rapists used threatening physical presence (92%), rather than use of a weapon (42%) to control their victim; and 84% used no, or only minimal physical force. Approximately a third of the rapists experienced sexual dysfunction during the assault, and their subjective measures of pleasure during the assault were "surprisingly low". This again suggests that sexual gratification may neither have been the prime motivation nor consequence of the assault.

Roy Hazelwood (1995, 1996)²² reiterated the contention of Groth (1979) that the underlying motivation of the serial rapist is power or anger, or a combination of the two, and suggested that fantasies are developed over time to compliment this underlying motivation, and that these fantasies directly lead to and shape the behaviour of the rapist. Hazelwood proposed two broad categories of serial rapists: impulsive and ritualistic. Whilst both have the underlying power/anger motivation, the ritualistic offender is likely to develop intricate

²¹ Russell (1984) found 55% of reported rapes were carried out by strangers.

²² Research findings and insights presented by Robert R. Hazelwood at "Criminal Personality Profiling and Crime Scene Assessment" (June, 1995) and "Criminal Sexuality" (June, 1996) training conferences, held by the Department of Forensic Medicine, University of Dundee, Scotland.

fantasies and their behaviour will be dictated by those fantasies, whereas the impulsive offender has relatively simplistic fantasies and their behaviour is dictated by a need to obtain and control the victim. Hazelwood also reported the use of pornography by these offenders either in a reflective²³ manner by the impulsive offender, or an inflective²⁴ manner by the ritualistic offender. If it is consistent with their fantasy, such rapists may kill their victims. Despite the deviant fantasies and sadistic behaviour of such offenders, this does not necessarily imply insanity at the time of the offence (see case example reported by Ressler et al., 1988, p. 75-95).

There are a number of difficulties in ascertaining the prevalence of sexual homicide including the fact that there tends to be no specific category of sexually motivated homicide in crime report statistics, and often the sexual dynamics of a homicide may not be immediately conspicuous to investigators (Ressler et al., 1988). However, it is suggested that there is a sexual content to the majority of serial murders (see Lunde, 1976; Ressler et al., 1988; Revitch, 1965).

Despite the fact that there is no obvious betrayal of trust in the case of stranger rape, the power and dominance of the assailant over the victim is clearly communicated and enforced through his ability to invade her life without warning, and cause her untold emotional and physical damage. Also, the victim is once again left with no course of action that is not potentially detrimental to herself. Reporting the assault to the police can lead to further traumatisation by the Criminal Justice System (Madigan & Gamble, 1991) and attempts by victims to protect themselves from revictimisation and overcome feelings of fear and vulnerability often involve curtailment of their normal activity or dependence on others, frequently known males, for protection. The fear of stranger rape, therefore, can serve to maintain the subordination and dependence of women.

²³ Fantasies are developed around individual pieces of pornography which show no common theme.

²⁴ Individual pieces of pornography are collected and incorporated into the fantasy, and so will show a common theme.

Gang Rape

It appears that certain groups and situations may be more conducive to the occurrence of gang rape than others and one that has received particular attention is the fraternity environment in US colleges (Bohmer & Parrot, 1993; Martin & Hummer, 1993; Warshaw, 1988). In a discussion of gang rape, Martin and Hummer (1993) cited Tash (1988) an alumnus and trial attorney who claimed that more than 90% of the gang rapes that occurred in college environments were perpetrated by fraternity members. Warshaw (1988) suggested that it is the specific culture of fraternities that encourages and supports gang rape:

"a group ethos which objectifies and debases women through language and physical aggression, which lauds heavy drinking and other drug use, and which reinforces group loyalty through united behaviour - especially antisocial and sometimes illegal behaviour." (p.106-7)

Chris O'Sullivan, who lost her teaching position at a US university due to her involvement in a campaign to ban fraternities, also stated that many fraternity practices promote sexual aggression and ostracise those men who do not take part in them.²⁵ Also she remarked that the *"men Mary Koss calls 'hidden rapists' may self-select for fraternity life"* (O'Sullivan, 1993). The Ms. survey which examined not only the experiences of college women but also 2,972 college males in the USA found that 16% of the males who reported that they had raped, and 10% of those who reported having attempted rape, did so in episodes that involved more than one assailant (Warshaw, 1988). However, it may be the case that males are more likely to report having taken part in a rape involving other offenders, due to a diffusion of responsibility from themselves.

It appears, therefore, that situational and quasi-cultural influences not only dictate the prevalence of gang rape but also create an environment in which males are encouraged and possibly expected to take part.

²⁵ The faculty at said University did vote to abolish fraternities, but, financial pressure from fraternity alumni reversed the decision.

Rape in War

The conflict in the former Yugoslavia has brought to public attention the issue of rape in war. A UN medical team in Bosnia estimated that the 119 actual pregnancies they encountered, which were reported to be due to rape, represented 11,900 actual rapes²⁶, and remarked that this was undoubtedly an underestimate (Swiss & Giller, 1993). However, rape during war is by no means a new problem and earliest records date back at least to Ancient Greece and the rape of the Sabine women which led to the foundation of Rome (Brownmiller, 1975). Swiss and Giller (1993) cited many wars in which the number of female rape casualties were recorded. These include: the Second World War in which between 100,000 and 200,000 Asian women were forced into sexual slavery by the Japanese; the nine month war in Bangladesh, during which it is estimated that between 250,000 and 400,000 women were raped (with led to approximately 25,000 pregnancies); and the conflict in Southeast Asia during which it was estimated that 39% of Vietnamese boat women (aged between 11 and 40 years old) were abducted and/or raped during 1985.

Mezey (1994) discussed the possible motives for rape in war, and discounted any suggestion that the prevalence of rape in Bosnia is due to the lack of alternative sexual outlets, as most soldiers are located near to their own homes and regular sexual partners, and the fact that sex could reasonably be thought to be of a low priority to men whose lives are in constant danger. Rather, she feels it can be attributed to a combination of repeated exposure to violence, the legitimisation of violence during war, the anonymity of such rapes and the unlikelihood of punishment, and the fact that a large number of rapes are gang rapes leading to a diffusion of responsibility. It has also been noted that:

"Sexual violence proved to be a particularly effective tool of ethnic cleansing in Bosnian Muslim communities. Among those who adhere closely to Islamic culture, women who have sexual relations outside of marriage are

²⁶ This estimate was derived from the assumption that unprotected intercourse will result in conception in only approximately 1% of occasions.

considered tainted, even when the relations take place by force. Unmarried women become unmarriageable; married women become outcasts in their own families." (p. 6; Bassiouni & McCormick, 1996).

It would seem likely, therefore, that war produces its own environment in which rape serves a number of purposes including a display of power over the enemy (Swiss & Giller, 1993). However, wartime may also provide the opportunity for men to perpetrate acts of extreme sexual violence that they would not normally commit (Mezey, 1994) in an unusually overt atmosphere of validation and encouragement.

Ritual Abuse

Ritualistic abuse remains somewhat unique amongst other manifestations of sexual violence as it is the only form of sexual violence for which the debate still rages as to whether or not it actually exists. Despite the protestations of some authors that proof of the existence of systematic ritual abuse remains inadequate (e.g., Jones, 1991), an increasing body of research reports on the prevalence (Finkelhor, Meyer-Williams & Burns, 1988), practices (Jonker & Jonker-Bakker, 1991; Smith, 1993), and resultant trauma (Young, Sachs, Braun & Watkins, 1991) of the ritualistic abuse of adults and children. Specifically cited cases have come to light in a number of countries including the USA (e.g., Finkelhor et al., 1988; Hudson, 1994; Young et al., 1991), Netherlands (e.g., Jonker & Jonker-Bakker, 1991), Sweden (Sinason & Svensson, 1994), and the United Kingdom (Bentovim & Tranter, 1994; Ironside, 1994; O'Driscoll, 1994; Sinason & Svensson, 1994). Few of these have led to the actual conviction of offenders due to the problems experienced in prosecuting such cases, although some successful prosecutions have been achieved (Bradway, 1993).

Definitions of ritual abuse differ slightly whilst maintaining a common theme. Frequently cited is Kelley's (1988) definition of it as *"the repetitive and systematic sexual, physical, and psychological abuse of children by adults as part*

of cult or satanic worship". The use of the term 'ritual' refers to the rituals often reported during such abuse which are commonly reported to be of a satanic nature. However, it is questionable whether such rituals actually emerge from genuine beliefs, or are used as a method of legitimising practices to abused individuals and providing an atmosphere of intense fear, intimidation and brainwashing in order to prevent attempts to disclose or leave the abusive situation (Lanning, 1991).²⁷ A number of specific practices are frequently reported by those children and adult survivors who do manage to disclose. These practices are repeated, long-term and extreme. They include the emotional, physical and sexual abuse and torture of children by adults (individually or in groups); forcing children to torture and abuse each other; practices involving the forced consumption of urine, semen, blood and excrement; brainwashing and programming of victims; sexual practices with and sacrifice of animals; human sacrifice and cannibalism (Smith, 1993).

The practices involved in ritual abuse are structured in such a way as to make it as difficult as possible for survivors to break away from the abusive group which is often intra-familial and multi-generational (Bradway, 1993). An atmosphere that prohibits disclosure is maintained by brainwashing victims to believe that if they 'tell', their abusers will know and will harm or kill the victim or someone they care for; programming of victims to harm themselves or those they tell, if they disclose (Smith, 1993); and creating an environment in which victims either believe that the same is happening to all children²⁸, or that everyone the child knows or meets is also involved (Kelley, 1988). Frequently, if survivors do manage to disclose, they are met by attitudes of horror, disbelief, and condemnation within the general public, due to an unwillingness to accept the existence of individuals who would indulge in practices as horrific and

²⁷ As such, Kelly's definition might be more accurate if it referred to '*inclusion of cult and/or satanic rituals and symbolism*', as opposed to referring to the abuse as "*part of cult or satanic worship*".

²⁸ This is frequently achieved by calling abusive practices by the same name as common practices, games, and events engaged in by non-abused children. This ensures that when abused children hear non-abused children mention such practices in terms of acceptance, normality and even enjoyment, the abused children are led to believe that everyone engages in them, and perhaps feel that they are in the wrong for not accepting them.

bizarre as those recounted (Bradway, 1993).

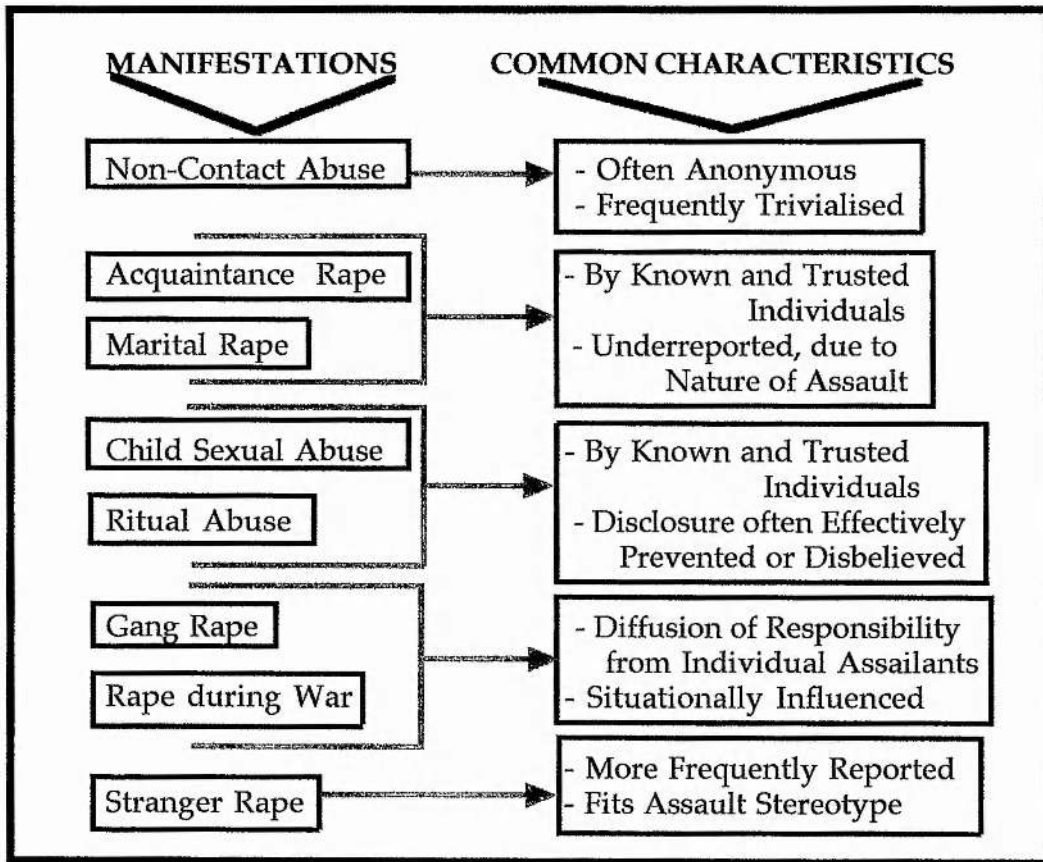
The motives behind ritual abuse appear complex and multi-dimensional, but the betrayal of power and trust is blatant and extreme. Whilst a minority of abusers may believe in the satanic worship value of these practices, the abuse appears to be not only a method of obtaining access to a cultivated group of children for the perpetration of extreme abusive practices. It is also commonly reported that such ritualistic paedophile rings have a financial motive and are involved in the production and dissemination of child pornography, plus the provision of children for prostitution. Monies gained from these activities may be used to finance larger scale criminal operations (Bradway, 1993).

SUMMARY

These distinct yet related manifestations of sexual violence highlight the manner in which it exists in virtually all 'normal' societal frameworks: family, education, employment, friendship, courtship and marriage. In addition, females are at risk from a random assault from the stranger, or widespread and systematic abuse within war. The common threads that appeared through the discussion of these differential manifestations are the abuse of power and betrayal of trust involved, the unlikelihood that such aggression results from a lack of appropriate sexual outlets, and the relative powerlessness of it's victims to act against it without further emotional, physical or financial harm to themselves.

The manifestations of sexual violence can also be grouped together according to the presence of specific common factors. A proposed grouping of such manifestations is portrayed in Figure 2.1. This shows, firstly, how forms of non-contact abuse, such as obscene phone calls and verbal harassment, share the common factors of frequently being anonymous, and being dismissed as insignificant by the public at large and some survivors. Sexual assault between individuals who are known to each other can be split between those which occur within non-familial relationships of differing levels of intimacy (e.g., friends,

**Figure 2.1. - COMMON CHARACTERISTICS OF MANIFESTATIONS
OF SEXUAL AGGRESSION**



partners), the abuse of individual children, and ritual abuse of groups of individuals by known or trusted adults. For the former group, disclosure is uncommon due to fact that such assaults are often seen as ambiguous, provoked, and uncommon by victims themselves as well as by the general public. For the latter grouping, disclosure is frequently prevented by manipulative techniques on the part of the abuser/s and a level of disbelief amongst others that such abuse is taking place. Gang rape and rape within war appear to hold the common characteristics of being related to situational factors, anonymity, and diffusion of responsibility for the assault away from a specific individual assailant. Finally, rape by a single unknown assailant appears to stand alone in its random nature, high report rate in comparison with other assault types, and the fact that it is the stereotypical sexual assault.

EXPLANATIONS FOR SEXUAL VIOLENCE

Despite the existence of common characteristics which can allow some forms of sexual aggression to be grouped together, these forms of sexual aggression remain somewhat disparate in terms of their dynamics. It is unlikely, therefore, that one distinct theory could explain them all. Over the past century a number of theories and models which aim to provide an explanation for sexual violence have evolved.

Freud was amongst the first to suggest that repressed memories of childhood sexual abuse might be a possible cause for the mental health problems experienced by a number of his patients. Possibly due to public dismissal of the suggestion that such large numbers of women could have been sexually abused, Freud altered his theories and suggested instead, that his patients' symptoms resulted from infantile fantasies of sexual intimacy with the opposite sex parent (Stafford-Clark, 1965). His reformed theories may also have been the basis of both myths and explanations which suggest that women wish to be raped (see for examples, Brownmiller, 1975; Burt, 1980; Horney, 1973).

Since the work of Freud, a number of different theories and models have been put forward to explain sexual violence. These theories, as they emerged over the last century, are now discussed in terms of their ability to account for the prevalence and dynamics of sexual aggression in order to formulate an effective explanation.

The Disease Model

A disease model of sexual violence began to develop fully in the 1940s and 1950s and was underpinned by two separate assumptions (Scully, 1990). These assumptions were that: (i) mental illness causes men to rape (Karpman, 1951), and (ii) the commission of acts of sexual violence normally involve an uncontrollable sexual impulse (Guttman & Weinhofen, 1952). This model is often interpreted as suggestive that men can neither be expected to control their

sexual urges or be held responsible when they result in rape (Scully, 1990). This theory, however, discounts the reality that a large number of rapists, abusers, and harassers are married, and often have access to consenting sexual partners (Groth, 1979). It is also hard to believe that rape is an uncontrollably impulsive act when it has been suggested that over 80% of rapes are planned, and those involving more than one offender are *always* planned (London Rape Crisis Centre, 1988).

Victim-Blaming Models

In tandem with the formation of the disease model, a school of thought emerged which displaced the responsibility for rape on to the victim. Criminologists (e.g., Hentig, 1940), sociologists (e.g., Amir, 1972), and psychoanalysts (e.g., Abrahamsen, 1960) alike, put forward views that ranged from women being 'born victims', women indulging in 'victim-precipitating behaviours', and sexual abuse being unconsciously desired by children. In some of these theories rape survivors are divided into two categories: 'true' or 'professional' victims (Littner, 1973) and 'accidental' or 'participating' victims (Weiss, Rogers, Darwin & Dutton, 1955). In other words, survivors were divided into those who wished for (whether consciously or subconsciously), or encouraged their own abuse, and those who did not provoke or desire their abuse. It should be noted that such distinctions are not limited to women raped or abused as adults, but also include survivors as young as four-years old (Scully, 1990).

Research into predictors of sexual violence appears to be in conflict with victim-blaming models. In discussing their study of dating behaviours, Muehlenhard and Linton (1987) found that the number of power factors (e.g., the male paying all the expenses of the date) were predictive of the occurrence of sexual violence and not characteristics of the female. Indeed, this would appear to be in line with the apparent manner in which power differentials, and their

abuse, plays a large part in so many manifestations of sexual aggression. Also, an analysis of convicted serial rapists found that 98% choose their victims purely on the basis of availability rather than any other characteristic (Hazelwood & Warren, 1989).

Erin Pizzey put forward a similar victim-blaming explanation for domestic violence in the early 1980's. Pizzey suggested that survivors are addicted to the violent nature of their relationship, causing them not only to remain with their abusive partners, but also to provoke their violent behaviour (Pizzey & Shapiro, 1981, 1982). This theory was generally discounted by the feminist movement as *"dangerous and reactionary"* (Edwards, 1989; p. 166).

Explanations that place the blame and responsibility for rape on to the women and children who are victimised may be seen to exonerate rapists rather than explain the motivations behind their behaviour. It is also possible that such misplaced emphasis on victims serves to encourage negative attitudes towards victims. On this last point, Allison and Wrightsman (1993) remarked that:

"To attempt to prevent rape by focusing on the behaviour of the victims serves to perpetuate the myths and misconceptions about rape" (p. 259)²⁹

Biological Model

Close on the heels of such victim-blaming models, a biological theory for sexual aggression was put forward which bears some resemblance to the disease model as it appears to remove responsibility for rape from the psychological characteristics of its perpetrators and attribute sexual aggression to innate biological needs. The biological model (Symans, 1979) asserts that natural selection predisposes men to acquire fertile females with whom to copulate at any given opportunity. This leads men to rape when no other avenue for copulation is open to them.

²⁹ For discussion of the the possible cognitive advantages of blaming victims for negative events, see Chapter 3.

The fact that research has found that most rapists are commonly already in consensual sexual relationships, that they frequently rape females either too young or too old to be capable of providing offspring, that a number of rapists fail to ejaculate, and others kill their victim during the commission of the rape, suggests that rape is unlikely to be dependent upon a male need to ensure continuation of their genetic lineage (Allison & Wrightsman, 1993). Various studies over the years have sought to find biological explanations for a propensity towards violence (e.g., Girgin, Hasegei, Sozmen, Hanci & Ersoz, 1996), but theories of innate biological needs cannot explain the existence of men (even those with no appropriate sexual outlet) who do not rape, or those women (regardless of their scarcity) who abuse. Also, theories concerning abnormal biological functioning cannot explain the seemingly high numbers of men who exhibit sexual aggression or the fact that societal factors appear to affect prevalence and dynamics.

Psychopathological Model

In 1979, Groth interviewed convicted rapists and developed a psychopathological model, which asserts that the propensity to rape is limited to a particular section of the male population. He suggested that these men carry out acts of sexual violence because of psychological problems manifested in either a need for power and dominance over women, a deep-seated anger against women, or a sadistic need to hurt and destroy them.

This model differs from previous models as it does not attribute sexual violence to sexual impulses and sees the sexual aspects of the violence as a weapon used to show power and dominance over the victim, or a way of expressing anger towards women. This model also differs from earlier models by its acceptance of the power dynamic in sexual violence.

It has been suggested that *"Groth's incarcerated rapists are likely to be very different from those whose abusive behavior can continue undisturbed and*

unchecked" (Russell, 1990), and that it is unlikely that all incidents of sexual violence³⁰ can be attributed to a small aberrant fringe of the population (Johnson, 1980). The findings of Malamuth, Haber & Feshback (1980), that 51% of college age males indicated a likelihood that they themselves would rape if assured of not being punished, also appears to conflict with the psychopathological model, unless we are willing to accept that the majority of college age males suffer psychological problems.

Unless the limitations of this model are realised, there is a danger that this model might encourage the perpetuation of a stereotype which portrays sexual aggression as being exhibited only by individuals with specific psychological problems. This would allow the majority of males in our society who do not have psychological problems of this type to distance themselves from sexually aggressive behaviour. Also, if rape is regarded as only something that this 'other' kind of man would do, women may be led to believe they can avoid rape by 'acting sensibly' and, for example, not walking alone at night-time. It may also lead women to feel they will not, or even cannot, be raped by the men they know, although these are possibly the men who pose the greatest risk.³¹

The psychopathological model as it stands may provide a level of explanation for the behaviour of the stranger rapist, especially those who indulge in excessive or bizarre sexually sadistic behaviour. Meanwhile, its recognition of underlying motivations that are not purely the need for sexual gratification (i.e., power, anger and dominance) might be taken and incorporated into an explanation for other manifestations of rape without the assumption that these motivations are relevant only for a psychologically abnormal minority of men.

Miscommunication Theories

A number of researchers have put forward the view that sexual violence

³⁰ Russell (1984) found that 44% of women over 18 years of age had been the subject of rape or attempted rape.

³¹ Koss et al. (1987) reported that 84% of rape victims were assaulted by people they know and that 57% of rapes occur on dates.

between people who know each other, occurs as a result of a lack of communication or miscommunication between the sexes (Goodchilds, Zellman, Johnson & Giarrusso, 1988; Lundberg-Love & Geffner, 1989; Muehlenhard & Linton, 1987). It is theorised that if people are uncomfortable about expressing sexual or moral views, or incapable of articulating these matters successfully that confusion in and outwith, sexual relationships may occur. Also, it has been suggested that a man may misinterpret a woman's behaviour as sexual behaviour whilst the woman regards it as purely platonic (Abbey, 1990).

Some studies have provided a certain amount of support for this theory. Abbey (1987), for example, found that 67% of students interviewed felt their friendliness had been misinterpreted as sexual invitation at some time; and Koss (1988) discovered that 75% of men who had raped did not believe the victim's lack of consent had been made clear³², whilst the victims themselves felt it had been made perfectly clear.

Nonetheless, the differential interpretation of sexual situations by males and females might suggest that intentions and boundaries need to be clearly stated and that the sexes may be socialised to interpret sexual situations differently. However, it is hard to see miscommunication as a justification for the use of coercion, threat, or force to obtain sexual gratification in marriage, dating, friendship and other trusting relationships. Such a theory also provides no explanation for abuse between individuals who know each other, but between whom *any* sexual contact would clearly be inappropriate, i.e., in the case of child sexual abuse. Even within 'dating' relationships, it might be thought that a greater length of time in a relationship together would lead to a lessening of the likelihood of such a misunderstanding occurring. Skelton (1982), however, found no sizable difference in the prevalence of rape between non-dating individuals and those on first dates (36%), those who occasionally date (26%) and regular sexual partners (31%).

³² Whether this was their honest belief, or the manner in which they preferred to portray the incident after the event cannot be determined.

Alternatively, it has been suggested that men may not take a women's lack of interest or refusal as being an expression of her true feelings - a belief that 'no' really means 'yes' (Check & Malamuth, 1983). Warshaw (1988) did present evidence for the existence of this attitude in the majority of college age males. In more extreme cases, a man may take a woman's refusal to be a threat or slur against his manhood, leaving him with the belief that he has something to prove (Koss & Harvey, 1991). In other words, these men clearly hear the woman say "no", but either choose to ignore and reinterpret it, see it as a challenge to change it to a "yes", or see it as an insult to their sexuality which they cannot allow to pass.

The high prevalence of acquaintance, date, and marital rape; and the fact that the longevity of the relationship and level of intimacy between individuals does not strongly influence prevalence, suggests it is unlikely that sexual violence in these situations is always due to an 'honest misunderstanding'. It appears likely that more complex dynamics are at work, such as an abuse of power held over women who are at a disadvantage to act against such violence. It is not to say that such miscommunication does not occur. It is no longer a case of miscommunication, however, when one party ignores a clear statement of the other parties wishes. In other words, other factors are involved when the unambiguous word 'no' is not taken at face value.

Feminist and Societal Explanations

In the 1970s feminist literature (e.g., Brownmiller, 1975) began to assert that rape is a direct expression of sexual politics, male dominance and a form of terrorism designed to maintain the social status quo (Caputi, 1993). Walby (1990) proposed a structural feminist model which explains sexual violence as "*a socially structured mode of domination in which rape and fear of rape function to produce and reproduce the patriarchal social organisation and sustain women's subordination to men*".³³ The way in which such feminist theories

³³ Quotation from Matoesian (1993) P. 10.

contend that sexual violence maintains women's subordination to men, is that it increases levels of fear, and in doing so, restricts women's freedom and increases their reliance on men for protection. In discussion of this issue Bart and Moran (1993) noted:

"Men benefit from the confinement of women, which enforces men's control of the lives of women in their family and in the society at large, as well as the social supports for male dominance, in which victims are made responsible for the perpetrators' abusive behaviour. Male bias has so permeated the social contract that some routinely ask victims of incest, harassment, rape, or battery what they did to provoke the assaults.....The incest victim is removed from her home and the battered woman is asked why she didn't leave." (p. 149).

Such an explanation can not only be seen to explain the statistics relating to how widespread the problem of sexual violence is and its many manifestations, but also the fact that when the victim and assailant are acquainted, the assailant will virtually always hold a position of power over the victim (Madigan & Gamble, 1991).

Further evidence for this theory can be found in the fact that the prevalence of rape in different societies varies inversely with the degree of gender inequality (Baron & Strauss, 1989). Also, Broude and Greene (1976) found that some societies do not experience sexual violence at any level. Sanday (1979, 1981) went further and ascertained that 'rape prone' societies have a high level of interpersonal violence and an ingrained ideology that encourages male aggression, whilst in 'rape free' societies women are treated with greater respect, there is a very high level of equality between the sexes, and little division of labour. Such anthropological research suggests that sexual violence is a consequence of sexual inequality and the level to which violence as a whole features in a society (Schwendinger & Schwendinger, 1983).

Rape can be seen as the most extreme form of intimidation and proof of

dominance available to men, allowing them to maintain the imbalance of power in family, working, and dating relationships. In a manner similar to the psychopathological model (Groth, 1979), feminist theory maintains that achieving sexual gratification is not the main purpose of sexual violence. For rape within relationships, feminist theory contends that men force women into sexual acts not only to maintain power but also because the man knows he is more than likely to 'get away with it'. Estrich points out that the easiest offender to trace (i.e., the man known to the woman) is the one: *"least likely to be arrested, prosecuted, and convicted. Those are the cases least likely to be considered real rapes."* (Estrich, 1987, p. 4).

A theory of sexual violence which portrays it as a method of expressing power or maintaining dominance, may also provide some explanation for the sexual abuse of males (most commonly perpetrated by males). Sexual assault of males commonly occurs either in childhood by persons in authority, or to adults in prisons and other situations where the maintenance of dominance is the end goal (Stanko, 1990). In other words, forced sexual intercourse can be used as a weapon to achieve and maintain a position of power over subordinate males as well as females.

SUMMARY

No one theory or model of sexual violence appears to provide an adequate explanation for its manifestations, dynamics and prevalence. It is necessary, therefore, to draw from each, those factors that have theoretical value and amalgamate them into a more comprehensive explanation. As it stands, the psychopathological model (Groth, 1979) may explain the behaviour of some of the individuals who abuse children, or serially rape in a manner that is both sadistic and grotesque. Such individuals may have aberrant sexual fantasies and paraphilias³⁴, which might be seen to account for, whilst not excusing their

³⁴ Intense sexual urges and sexual fantasies involving (i) non-human objects, and/or (ii) children or other non-consenting partners, and/or (iii) the suffering and humiliation of self or others (definition given by Hazelwood, 1996).

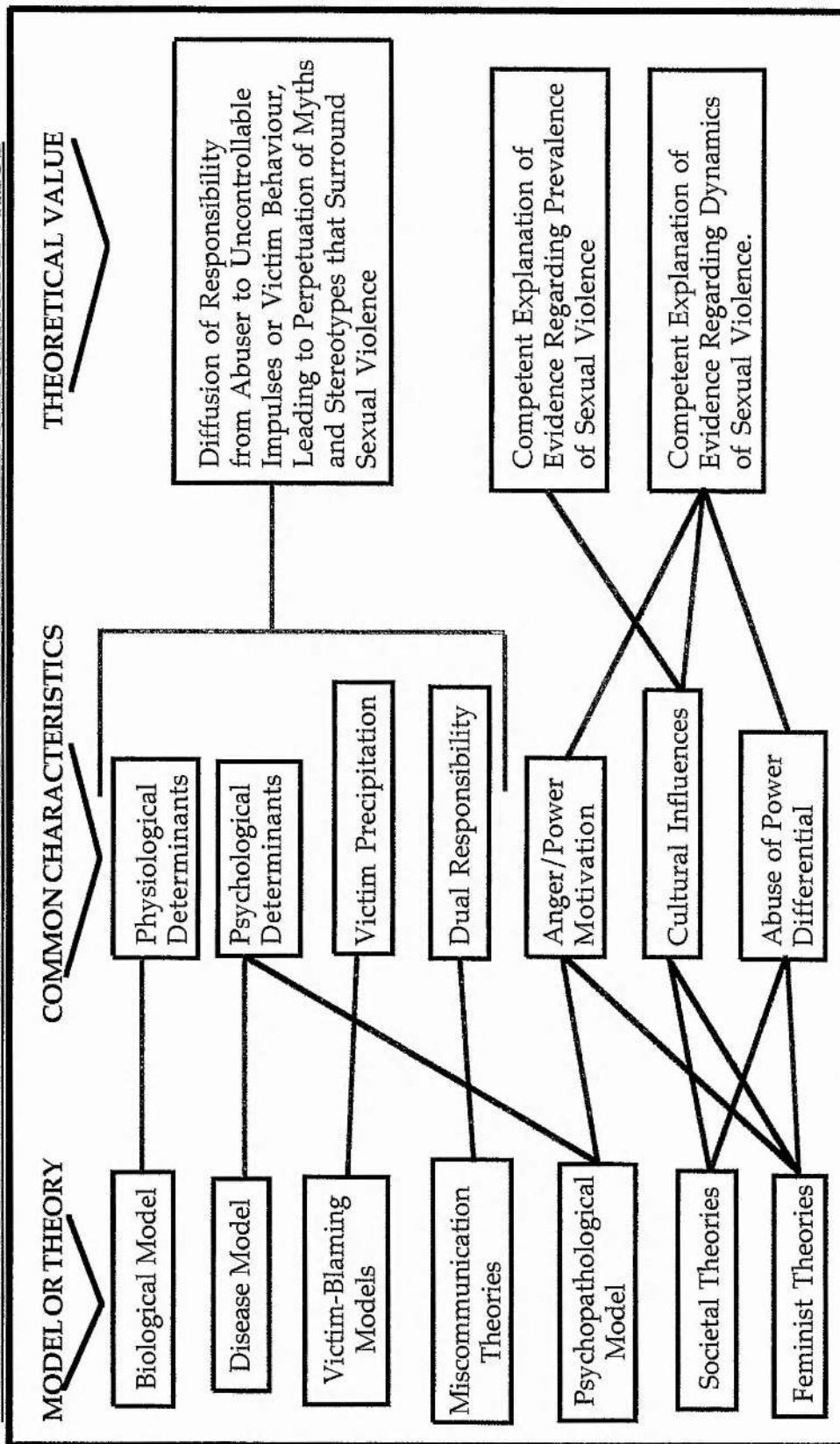
behaviour (Hazelwood, 1995, 1996). The power/anger motivation put forward by the psychopathological model could also be used as a basis for accounting for the high incidence of sexual assault between acquainted individuals. On the whole, sexual violence appears to be perpetrated by 'normal' men on subservient women.³⁵ Therefore, this power motivation appears to manifest itself in a patriarchal society where sexual violence acts to maintain the status quo. The patriarchal nature of society cannot be overcome as long as women fear the violent intrusion of men into their lives and bodies. As such, feminist theories can be seen to provide an explanation of the manner in which the abuse of power not only leads to sexual violence, but the sexual violence serves to perpetuate the power differential in society.

Societal theories explain how the cultural makeup of a society can predict the prevalence of sexual violence within that society as compared to others. In addition there are also certain contexts within each society (e.g., employment, education, intimate relationships, and families) where not only the power differential but other dynamics combine to increase the likelihood of sexual aggression. These additional dynamics are first, a decreased likelihood that the victim will be able to act effectively in such a way as to end the abuse without further loss to themselves, and also the fact that both the victim and society are less likely to view sexual aggression between intimates as 'real' rape. Second, in situations such as fraternities and war, a group-think mentality, diffusion of responsibility, and what can be seen as almost an expectation that men will act in a sexually aggressive manner, vastly increases the likelihood of gang rape.

Figure 2.2 shows the common characteristics of the theories and models that have been presented. Furthermore, it shows which of these characteristics have positive theoretical value in explaining the prevalence and dynamics of sexual violence. This model portrays how the psychopathological, feminist, and societal explanations all have relevant concepts which can combine to provide a

³⁵ This is meant to refer to the majority of situations and is not exclusive. See section on sexual abuse of males.

FIGURE 2.2 - MODELS AND THEORIES FOR SEXUAL VIOLENCE AND THEIR THEORETICAL VALUE



more effective explanation for sexual violence than any one theory alone. Conversely, it also shows how the characteristics of some theories might have negative potential impact and lead to the dissemination of responsibility from the offender and the perpetuation of rape myths.

A sound understanding of what causes sexual violence has obvious advantages for education, and prevention of sexual violence and secondary victimisation. It is also necessary, however, to look in detail at the stereotypical and negative attitudes towards sexual violence and its victims that might be perpetuated by those theories which do not have positive theoretical value.

THE MYTHS AND MISCONCEPTIONS THAT SURROUND SEXUAL VIOLENCE

In her cornerstone feminist analysis, Susan Brownmiller (1975) identified the existence within society of a number of myths concerning sexual violence. Around the same time a number of other researchers identified several professional groups who displayed a high level of acceptance of rape myths. These include the medical, police, and legal profession (Griffin, 1971; Hiberman, 1977; Robin, 1977; Schwendinger & Schwendinger, 1974; Wood, 1973), all of whom are professions with which rape survivors are likely to have contact. It would seem important, therefore, that their effects are considered. In the following section the nature of these myths will be presented, followed by an examination of possible mediating factors and the effects on the acceptance or perpetration of sexual violence. The aim of this discussion is not only to present evidence for the existence of certain myths and attitudes concerning sexual violence but also to examine the manner in which these cognitions and acts of violence interact and serve to perpetuate each other.

Rape myths appear to involve an over-simplification of the assault and a

stereotypical ideal of the victims and perpetrators:

"When offender characteristics are emphasized, it is commonly expected that the perpetrator is a sex-starved deviant. When situational factors are considered, it is usually predicted that rape occurs between strangers in deserted and unsafe public places. And when the aftermath is discussed, it is frequently expected that the innocent victim can achieve compensation and redress in the criminal justice system." (Ward, 1995; p. 193)³⁶

Ward (1995) went on to examine some of the most common myths and the reality that lies them, the following is an expansion of that examination.

1. Rape is a rare event.

Studies of rape prevalence have suggested that rape is anything but a rare event. Specifically, it has been found that between 20 and 44% of women in the general population (Koss & Harvey, 1991; Russell, 1982), and between 14 and 38% of college women (Aizenman & Kelley, 1988; Muehlenhard & Linton, 1987; Koss, 1985) are likely to experience rape or attempted rape.

2. Rapists are psychologically abnormal and sexually frustrated.

This relates to the previous myth, in that if very few rapes occur they might be thought to be perpetrated by an aberrant minority of the population. The number of males who have admitted a belief that there are situations in which rape is justifiable (Goodchilds et al., 1988; Kikuchi, 1988), and the number of males who admit they would rape (Malamuth, 1981) or have raped (Koss & Oros, 1982; Koss, Leonard, Beezley & Oros, 1985) suggests it is unlikely that so many men could be psychologically abnormal. Also, very few convicted rapists have actually been found to have psychological problems (Scully, 1990).

³⁶ An important point that is implied, though not stated by Ward, is that if the victim does not achieve compensation and redress, through not reporting to the police, or acquittal of the offender in court, it is perceived that either the rape did not occur, or that the victim was not 'innocent' and precipitated or deserved the rape.

3. Only certain types of women get raped.

There appears to be no 'type' of woman that is more likely to be raped. The stereotype tends to be of the young, provocative woman. However it has been found that women of *all* ages are vulnerable to rape (Herman, 1989; Ward & Inserto, 1990), and that victims are more likely to be sexually naive, or schoolgirls, than women with night-life occupations. Also, the female's attire appears to play no part at all in the actual likelihood of a woman being raped (Rodobaugh & Austin, 1981).

4. Women can only be raped by strangers.

This myth is easily discounted by the finding of Russell (1984) that only approximately 11% of rapists are not known to their victims. However, the same study found 55% of rape that were reported to the police were perpetrated by strangers, suggesting a report bias which may result in perpetuation of this myth.

5. Rapes generally occur in deserted places.

The majority of rapes have actually been found to occur indoors (Bart & O'Brien, 1985), frequently within the victim's own home (Bonney, 1985; Lloyd, 1991; Palmer, 1983). Hazelwood (1996) suggested that this is because it is the most effective place for the rapist, as the woman is likely to be alone and less wary.

6. Real rape involves the victim being physically injured.

A number of studies have found that very few victims are physically injured (e.g., Bonney, 1985; Kirkpatrick & Kanin, 1957). Rather, non-physical techniques such as verbal and psychological coercion are more common than use of weapons (Rapaport & Burkhart, 1984). Even when considering stranger rapists, physical injury of the victim may not be part of the rapist's 'rape fantasy', and so they will not 'physically hurt' their victim (Hazelwood, 1996).

7. Women often fabricate stories of rape, and 'cry' rape due to regret or desire for revenge.

The number of false accusations of rape has been found not to differ from false accusations of other crimes (Brownmiller, 1975; Katz & Mazur, 1979). It may also be unlikely that women would falsely report rape for ulterior motives as the conviction for rape is so low (Lloyd & Walmsley, 1989; Wright, 1984; Young, 1983), and most women are aware of the how traumatic Criminal Justice intervention in sexual crimes can be for women who report (Estrich, 1987).

8. Many women 'need' or want to be raped.

A simple examination of the level of trauma experienced by women and children who are raped or abused would appear to be enough to discount this myth. Many severe reactions have been reported, including development of post-traumatic stress disorder, self-harm and suicide (e.g., Koss & Harvey, 1991).

9. A healthy woman should be capable of resisting rape.

Once again, examination of the number of females who are raped and the extreme trauma experienced by victims post-assault, would seem to suggest that women would avoid rape if they could. It has also been found that there is no universally successful rape avoidance strategy, and although women who employ every possible tactic (fighting, screaming, pleading) are slightly more likely to avoid completion of the rape act, it is by no means true that one, or all of these strategies will work every time (Bart & O'Brien, 1985; Brodsky, 1976).

Hazelwood and Harpold (1986) who carried out extensive research on serial rapists suggest that instructing women always to physically fight against an assailant is not only unrealistic, but may also be unwise as it may only serve to fuel the sexual fantasies of the offender.

Allison and Wrightsman (1993) pointed out that some rape myths are in fact inconsistent with each other. They cited the example that "only bad girls get

raped" is inconsistent with the belief that "all women want to be raped" and "ask for it". However, there are other obvious inconsistencies. For example, if rape is perpetrated by psychologically abnormal strangers, then how can rape also be caused by women's desire or precipitation, and why would rape accusations be based on regret and revenge.

What is also apparent from these myths is that they are not only false, but also potentially damaging attitudes to hold towards victims of sexual violence, and furthermore, they might serve to perpetuate the 'deranged stranger' stereotype of sexual violence. By blaming the victim and upholding the stereotype, it can be seen that such myths would serve to maintain a social structure in which victims are relatively helpless to act effectively against abuse. This being so, it would suggest that cultural influences (e.g., social structure, rape prevalence), and temporal influences (e.g., increasing levels of awareness) would be related to levels of rape myth acceptance?

Cultural and Temporal Differences in Rape Myth Acceptance

Examinations of the percentage of the population who adhere to rape myths has revealed several trends, and suggests it may differ between societies and across time. Several different scales have been developed to measure adherence to rape myths, but there are two which are most commonly used today. The Rape Myth Acceptance Scale (RMAS) developed by Burt in 1980, and Ward's (1988) Attitude Towards Rape Victim Scale (ARVS). Both appear to have high internal reliability. However, the ARVS may have a slight advantage over the RMAS in that it has published test-retest reliability figures which show no significant difference between first and second testing. In an analysis of cross-cultural attitudes of students from fifteen countries using the ARVS, Ward et al. (1988) found the following scores presented in Table 2.1.

Table 2.1. Student Scores on Attitude Towards Rape Victims Scale by Nationality

United Kingdom	18.3
Germany	20.9
New Zealand	21.8
United States	26.2
Australia	27.5
Canada	29.5
Barbados	30.0
Israel	32.0
Hong Kong	32.9
Singapore	36.2
Turkey	39.2
Mexico	39.7
Zimbabwe	39.8
India	40.6
Malaysia	51.6

(Scores on this scale can range from 0-100 with 0 representing the least acceptance of rape myths.) (Table presented in Ward, 1995).

It can be seen that European and Western countries scored most favourably. In an examination of what cultural factors might be related to these differences, Ward (1995) found ARVS scores to be significantly related to male and female ratios in the work force and for literacy (Sivard, 1985). Ward (1995) then went on to examine whether attitudes towards rape victims were related to value domains existent within eleven of the countries studied. Making use of the research of Hofstede (1984)³⁷, it was also found that although there was no significant relationship between 'masculinity' and ARVS scores, there was a significant relationship between the power difference for those countries and their scores on ARVS. Specifically, those countries with the highest levels of power distance between the sexes are more likely to have more negative attitudes toward rape victims.³⁸ Although Ward ascertained that there was no relation between ARVS scores and rape report rates in the countries they studied (Interpol, 1988), it is possible that the permeation of these attitudes into the police, medical and legal professions may increase the possibility or severity of

³⁷ This research involved the study of the four value domains: masculinity, individualism, power distance and uncertainty avoidance in forty countries around the world.

³⁸ This suggests that societal explanations are relevant to the attitudes to sexual violence, in addition to the prevalence of the violence itself.

secondary victimisation.³⁹

As to whether attitudes have changed, studies appear to have produced evidence that rape myth acceptance and attitudes toward rape victims might be changing to some extent over time. Early studies by Feild and colleagues found that 8% of women and 32% of males believed rape would do some women good, and 4% of women and 17% of men believed most victims asked to be raped (Barnett & Feild, 1977). Research carried out by Ward and Newlon in the mid-1980s showed that the percentage of students at a US college who believed it would do some women good to be raped had dropped to 5%, but some myths still appeared prevalent. Only 36% of those surveyed disagreed with the contention that a woman's appearance provokes rape (Ward, 1995). This suggests that a reduction in rape myth acceptance is not a simple process. Whilst some adversarial beliefs may be reduced, others may persevere and this process may differ between populations.

It is hard to ascertain at what age such rape myths take shape in the minds of individuals. However, there is a body of evidence that would suggest that high school students tend to believe that rape is justifiable in certain situations, e.g., when the male has spent a lot of money on the date (Goodchilds et al., 1988; Muehlenhard, Friedman & Thomas, 1985). Pauline Bart has also suggested that pornography encourages men to believe that women enjoy forced intercourse (Everywoman, 1988).

Relationship Between Rape Myths and Other Attitudes

Burt (1980) suggested that belief in rape myths is encouraged by the existence of an extended ideology. She found that for 598 US adults, adversarial sexual beliefs, acceptance of interpersonal violence, and gender-role stereotyping were significantly related to belief in rape myths. Acceptance of interpersonal violence was found to be the strongest predictor of rape myth acceptance, whilst no relationship was found with sexual conservatism. Costin (1985) and Fischer

³⁹ See Chapter 3 for discussion of secondary victimisation.

(1987) also found a direct relationship between gender-role attitudes and rape myth acceptance. Additionally, Willis (1992) found that individuals with more traditional attitudes require more restrictive definitions for rape, and Thornton, Ryckman and Robbins (1982) found that individuals with more liberal attitudes toward gender-roles are less likely to blame rape victims. Burt and Albin (1981) also found that a subject's likelihood to define an incident as rape decreased as their belief in rape myths increased. Using the rape case brought against William Kennedy Smith in 1991 as an experimental scenario, Cowan and Curtis (1994) found that belief in victim precipitation (i.e., that females encourage rape by the way they dress and behave) was the strongest predictor of victim blame for both male and female subjects. In other words, there appears to be a cluster of inter-related attitudes towards male-female relational interactions which have a relationship with the propensity to believe in the myths that surround sexual violence.

In a thorough and effective examination of this issue, Lonsway and Fitzgerald (1995) found not only that general hostility towards women is a critical antecedent of rape myth acceptance but also that, whilst it predicted 21% of the variance in rape myth acceptance for females, it accounts for a much greater percentage of the variance for males (40%). The authors suggest this implies that rape myth acceptance functions differently for males and females, in that males use it to justify male sexual violence and women use it to deny personal vulnerability.⁴⁰

Relationship between Attitude and Propensity towards Sexual Aggression

Studies of the attitudes held by men who rape tend to be divided between those that concentrate on incarcerated offenders and those that examine the attitudes of men in the general public or college populations who report sexually aggressive behaviour, or a likelihood that they would rape. Due to the assault

⁴⁰ See Chapter 3 for discussion of the use of negative judgments to maintain feelings of invulnerability.

factors affecting the victim's likelihood to report, and the likelihood of achieving conviction, it is probable that these two groups are not entirely equivalent. Therefore, at least initially, they will be examined separately.

Investigations of incarcerated offenders found certain commonly held beliefs. In an early study, Thore and Haupt (1966) found rapists (in a manner similar to murderers) tend to hold especially conservative attitudes towards sex. Twenty years later, Scott and Tetrault (1986) expanded on this by comparing convicted rapists to men convicted of non-sexual crimes and non-criminal men, and found that rapists held attitudes consistent with a need to control women, and were actually more likely to adhere to sexual stereotyping and conservative attitudes towards women than the other two groups. In her interviews with 114 convicted rapists, Scully (1990) found that they have a high acceptance of violence against women (previously found by Scully & Marola in 1984), and were more likely to believe that 'women like to be hit as it shows the man cares about them'.

This cluster of commonly held attitudes could be seen as a form of self justification on the part of sexually aggressive men for their controlling and violent behaviour. One could almost go as far as to suggest that these attitudes suggest these men feel it is their right to abuse the power differential between males and females.

Hall, Howards and Beozio (1986); Marshall, Christie and Lanthier (1979); Overholster and Beck (1986); and Stermac and Quinsey (1986) all found a correlation between rape myth acceptance and belief in traditional gender-roles for adult sexual offenders. However, when Epps, Haworth and Swaffer (1993) studied criminal adolescents, they found no correlation between rape myth acceptance and belief in traditional gender-roles. Epps et al. (1993) also found that adolescents convicted of sexual crimes did not differ from those convicted of non-sexual crimes in their scores on the Rape Myth Acceptance Scale (Burt, 1980) or Attitude Toward Women Scale⁴¹ (Spence & Helmreich, 1978, 1979). The

⁴¹ A measure of belief in traditional or egalitarian gender-roles.

authors suggest that whilst there might be a difference between the attitudinal correlates of adult and adolescent sexual aggression, their results may be due to both scales being inappropriate for use with adolescents.

When looking at males in the general population, studies collated by Scully (1990) and other research has shown sexually aggressive men:

- (i) hold more traditional gender-role attitudes (Burt, 1980; Malamuth, 1988; Mosher & Anderson, 1986; Rapaport & Burkhart, 1984);
- (ii) have a higher acceptance of male dominance, rape myths, interpersonal violence as conflict resolution, and general violence against women (Koss & Dinero, 1989; Malamuth, 1986, 1988; Malamuth & Ceniti, 1986; Rapaport & Burkhart, 1984, 1987);
- (iii) are more likely to view rape victims as acting seductively and willing to have intercourse (Jenkins & Dambrot, 1987; Koss & Dinero, 1989; Muehlenhard et al., 1985; Muehlenhard & Linton, 1987);
- (iv) are less able to tell when a woman is being hostile rather than assertive, and friendly rather than seductive (Murphy, Coleman & Hayes, 1986);
- (v) tend to be less well socialised, more impulsive and have a greater involvement in physical violence (Burt, 1980; Calhoun, Kelley, Amick & Gardner, 1986; Malamuth, 1986; Rapaport & Burkhart, 1984);

Allison and Branscombe (1992) found that those men who report that they would rape if they were assured of avoiding punishment are more likely to endorse masculine values and manipulation as a method of achieving reward. These researchers also found that increased Machiavellianism and hypermasculinity distinguishes the men who say they would rape from those who say they would not. In 1991, Malamuth, Sockloskie, Koss and Tanaka put forward a Confluence Model of Sexual Aggression, which suggests that a confluence of hostile masculinity and impersonal sex (promiscuity) produces the highest levels of sexual aggression. Malamuth, Linz, Heavey, Barnes and Acker (1995) tested young men ten years after their original testing of attitudes and

sexually aggressive behaviour and found that their findings strongly supported their original model.

SUMMARY

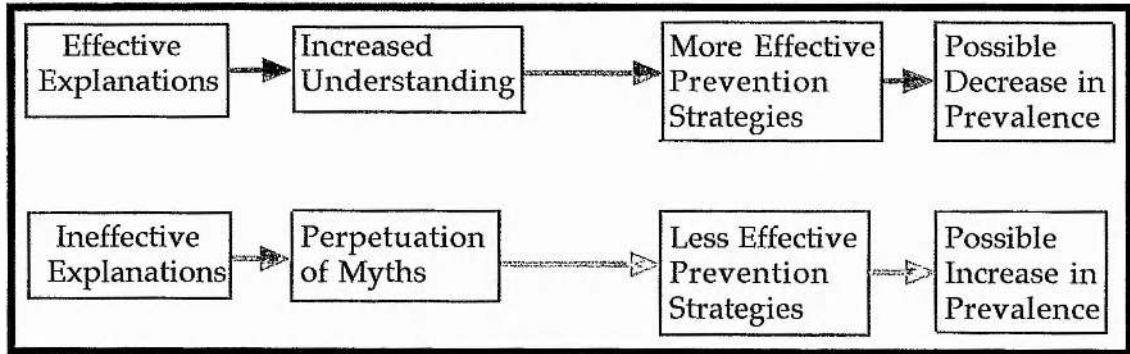
This examination has revealed a number of attitudes and beliefs about sexual violence which are widely held by a significant proportion of the general public. It is suggested that such attitudes are not only misinformed, but may serve to increase society's propensity to blame the victim and prohibit effective prevention of sexual aggression. Also, it has shown how these attitudes are not only inter-related but also related to societal aspects. Finally, evidence was presented which suggests that these are widely held attitudes and may simply be more strongly adhered to by actually or potentially sexually aggressive males. Therefore, in a manner similar to the continuum of sexual aggression, there may exist an attitudinal continuum where sexually violent men are at one extreme, men who abhor all forms of sexual violence at the other extreme, and with the majority of males falling somewhere between these two. This suggests that attempts to combat sexual aggression need to focus on all levels of society rather than a psychologically abnormal minority.^{42 43}

This being so, it is especially important that theories and models of sexual aggression add to our understanding of sexual violence and are supported by empirical evidence, rather than feeding into the attitudes and stereotypes that may themselves be precursors of sexual aggression. A summary of the relationship between sexual aggression, explanations and their theoretical outcomes is shown in Figure 2.3.

⁴² In their interviews with 41 serial rapists (who had raped between approximately 10 and 78 women each) Hazelwood and colleagues found only 12% had spent time in a mental facility (Hazelwood & Burgess, 1987; Hazelwood, Reboussin & Warren, 1989; Hazelwood & Warren, 1989).

⁴³ In 1980 only 2% of convicted rapists were referred for psychiatric treatment in England and Wales (London Rape Crisis Centre, 1988).

Figure 2.3.- A SUMMARY OF THE RELATIONSHIP BETWEEN SEXUAL AGGRESSION, EXPLANATIONS AND THEIR THEORETICAL OUTCOMES



This figure shows how competent explanations for sexual violence (such as an amalgamation of societal, feminist, and psychopathological theories, see Figure 2.2) could produce the positive effects of increased understanding and more effective prevention. In contrast, those explanations that feed into the negative and stereotypical attitudes held about sexual violence may not only reduce the likelihood that effective prevention strategies will be formulated, but may also perpetuate attitudes that are associated with an increased likelihood to commit such acts in the first place .

CHAPTER THREE

The Aftermath of Sexual Violence

This chapter will cover two specific aspects of the aftermath of sexual violence. First, the range of psychological reactions that have been observed in survivors of sexual violence will be discussed, and a solution will be suggested to the inconsistencies that have been found in the research concerning the assault variables associated with heightened trauma. This section will illustrate the importance of survivors' perceptions and attributions and the attitudes of other people for psychological recovery from sexual victimisation, and will discuss the formulation of a feedback model concerning post-assault actions and interactions. Second, the attributions of other people towards survivors, and the relevant and irrelevant factors which influence these attributions will be examined, as well as the theories which might explain these attributions. The aim of this chapter is to examine fully all aspects of the aftermath of sexual violence and show not only what factors affect the severity of the trauma experienced, but how these factors may interact with each other.

SURVIVOR REACTIONS TO SEXUAL ASSAULT

A number of researchers and clinicians have observed a variety of psychological reactions to sexual assault. Fear and anxiety have been suggested to predominate during the period immediately post assault (Kilpatrick, Veronen & Resick, 1979; Koss & Harvey, 1991; LRCC, 1988). Kilpatrick et al. (1979) and Kilpatrick, Resick and Veronen (1981) found that within the first three hours post-assault between 80 and 100% of rape survivors experience common fear reactions (e.g., shaking, feeling terrified, racing thoughts, helplessness, racing heart).

Such fear and anxiety reactions appear to increase up to three weeks post-assault, and though they may show some decrease after this time, they continue to distinguish between victimised and non-victimised groups at least one year post-assault (Calhoun, Atkeson & Resick, 1982; Peterson, Olasov & Foa, 1987). Post-assault fears have been found to fall into three rape-related categories, namely: fear of directly rape-relevant stimuli (e.g., sexual intercourse, individuals similar in build to the assailant); fear of the possible consequences of the rape, such as disease (often specifically AIDS, Koss & Harvey, 1991), pregnancy, interaction with the Criminal Justice System; and fear related to the possibility of future victimisation (Kilpatrick et al., 1981). The level at which these rape-related fears are experienced might successfully distinguish between victimised and non-victimised populations (even when other symptoms begin to dissipate) although they may modify into more general fear of revictimisation over time (Kilpatrick et al., 1979, 1981).

There are a number of other notable symptoms - the severity of which may be partly accounted for by the existence of rape-related fears, namely traumatic memories, and sexual dysfunction (Neiderland, 1982). Traumatic memories can surface during consciousness in the form of flash-backs or intrusive thoughts, or through the unconscious in the form of disturbing nightmares (Ellis, Atkeson & Calhoun, 1981; Nadelson, Notman, Zackson & Gornich, 1982). Such nightmares and flashbacks can be so closely related to the traumatic event, that they represent a replay of the assault with all the accompanying emotions (Koss & Harvey, 1991). Sexual dysfunction is also frequently reported by survivors (Nadelson et al., 1982; Norris & Feldman-Summers, 1981) and although symptoms might reduce within a year post-assault, a number of survivors have been found to report rape-related flashbacks during sex for a considerable time after this (Ellis, Calhoun & Atkeson, 1980). It has been suggested, in fact, that frequency of sexual intercourse may return to normal after approximately a year, whilst sexual satisfaction remains low

(Becker, Skinner, Abel, Axelrod & Cichon, 1984; Feldman-Summers, Gordon & Meagher, 1979; Resick, 1986). Despite this, it appears that the assault act, and its sexual content continue to 'intrude' upon the survivor's life for some considerable time post-assault.

Within only a few weeks post-assault, extreme depressive symptoms can be seen to develop (Frank & Stewart, 1983a). Studies utilising the Beck Depression Inventory have found that 38% of survivors meet the criteria for major depressive disorder (Frank, Turner & Duffy, 1979; Frank & Stewart, 1984). Although some researchers suggest such depressive symptoms might only persist approximately three months post-assault (Atkeson, Calhoun, Resick & Ellis, 1982; Resick, 1987), survivors may continue to be significantly depressed one year post-assault (Kilpatrick & Veronen, 1984). In a study of college-aged women, Sedney and Brooks (1984) for example, found that 65% of those who had experienced childhood sexual abuse, showed depressive symptoms. Also, a meta-analysis of 26 studies carried out by Jumper (1995) was suggestive of a positive relationship between childhood sexual abuse and impaired psychological adjustment and depression as an adult, indicating that the effects of sexual abuse are likely to be apparent many years later. London Rape Crisis Centre (1988) suggests that depressive symptoms are changeable and follow no particular pattern in survivors, which might explain the difference in findings regarding the longevity of these symptoms.

It is also possible that psychological symptoms are closely related to each other, and dissipation of one may lead to dissipation or exacerbation of another. LRCC (1988) suggest that depression might be reduced by the survivor turning anger away from themselves. Carmen, Rieker and Mills (1984) found in a study of abused psychiatric inpatients that great difficulty was experienced in coping with feelings of anger and aggression. Kilpatrick et al. (1981) suggest that female survivors are especially likely to turn this anger in on themselves. This, in conjunction with feelings of depression, might account for the high levels of

suicidal ideation observed. Levels of suicidal ideation reported by female survivors of sexual assault has been found to be as high as 50% (Ellis et al., 1981; Koss, 1988; Resick, Jordan, Girelli, Hutter & Marhoefer-Dvorak, 1989), with between 17% and 19% of survivors actually making a suicide attempt (Kilpatrick, Veronen & Best, 1985; Resick et al., 1989).

The existence of all such symptoms for survivors might lead to the observed effects of the assault upon their social adjustment. A longitudinal study by Calhoun, Atkeson and Ellis (1981) found that rape survivors differed from non-victims in work, economic, social, leisure and extended family functioning within the first year post-assault. Long-term effects on immediate family and marital functioning were also found by Kilpatrick, Saunders, Veronen, Best & Von (1987). Social adjustment, both within and outwith the family is likely to be related to the perceptions and beliefs held by the survivor post-assault, as survivors frequently report increased levels of vulnerability, and decreased levels of personal control and self-esteem (LRCC, 1988).

It has been suggested that these symptoms are not only related to each other but to the kind of blame attributions made by the survivor (e.g., Janoff-Bulman, 1979). Between 20% and 61% (dependent upon the methodology of the study) of rape survivors have been found to blame themselves for the assault (Meyer & Taylor, 1986; Sommerfeldt, Burkhart & Mandoki, 1989; Wyatt & Newcombe, 1990). Self-blame attributions have been found to have a positive effect on adjustment to other negative events, for example, accidents (Bulman & Wortman, 1977), personal illness (Timko & Janoff-Bulman, 1985), and illness in children (Affleck, Allen, Tennen, McGrade & Ratzen, 1985; Tennen, Affleck, Allen, McGrade & Ratzen, 1984).

Janoff-Bulman (1979) suggested that self-blame attributions might have positive adjustment outcomes for survivors of sexual violence. Specifically, she suggested that behavioural self-blame (blaming changeable aspects of one's behaviour) would have positive effects, due to the need for survivors to

maintain control (Hilberman, 1976). Conversely, Janoff-Bulman suggested that characterological self-blame (blaming unchangeable aspects of one's character) and blaming the offender, would have negative effects due to the relationship between blaming uncontrollable entities and depression (Beck, 1967; Harvey & Rule, 1978). The results of Janoff-Bulman's 1979 study supported this contention. Janoff-Bulman's study, however, utilised vignettes and interviews with rape counsellors, and did not involve actual measurement of the symptomatology of survivors. A number of studies which have involved direct measurement of the attributions and symptomatology of rape survivors have in contrast, found that both types of self-blame are maladaptive (e.g., Frazier, 1990; and Meyer & Taylor, 1986).

The lack of evidence for a relationship between behavioural self-blame and positive effects for survivors of sexual crimes could result from a number of different factors. First, it was found by Meyer and Taylor (1986), that behavioural and characterological self-blame are highly correlated. This could mean one of two things: either, survivors are unlikely to experience behavioural self-blame without also blaming their character; or, they may find it hard to differentiate between the two. The actions that an individual takes are likely to be dependent upon what they think, and specifically what they think is the right, or wise thing to do. To blame one's behaviour, therefore, would involve blaming the aspects of one's character that led one to choose that course of action. In addition, a survivor who feels responsible for their own victimisation because they are, for example, too trusting, naive, or passive, may not be able to decide whether this is a consequence of their behaviour or character (see Meyer & Taylor, 1986 for discussion). This being the case, it would appear that attempts to differentiate between behavioural and characterological self-blame might be invalid.

Another reason why self-blame may not have the positive outcomes for survivors of sexual crimes that it has been claimed to have for other groups, is the relationship between blaming supposedly changeable aspects of one's

behaviour and feeling more in control of one's life. In other words, if one blames a negative event upon something they have control over, they may feel more able to avoid future negative events. Indeed, Winkel, Denkers and Vrij (1994) carried out a study on victims of burglary and found that those subjects who engaged in behavioural self-blame showed lessened symptomatology and had higher levels of perceived control.

Frazier and Schauben (1994) carried out a study on survivors of sexual crime with the hypotheses that both behavioural and characterological self-blame would be associated with poor recovery (and would be highly correlated), but that levels of control over future, though not past, events would be related to increased recovery. They indeed found that both types of self-blame are detrimental to recovery, and that for the most part, the two types of blame are indistinguishable, supporting previous findings (e.g., Frazier, 1990; Mandoki & Burkhart, 1991; Meyer & Taylor, 1986). Frazier and Schauben also found that perceived control over past events was not correlated to recovery. Their second hypothesis concerning future control, however, was not supported. Their results showed no significant correlation between future control and recovery (as scored on the BSI), but a significant correlation did exist between the belief that future rapes are unlikely (i.e., perceived likelihood of reoccurrence) and better recovery.

These two factors were examined using the questions *"To what extent do you feel you have control over a similar event happening to you in the future?"* and *"How likely is it that you will experience something like this again?"*. These questions clearly address separate issues, and despite the fact that no figures are presented for a correlation between responses to these two questions, the fact that the latter is significantly correlated to both recovery and disruption to basic beliefs, and the former is not significantly correlated to either of these variables suggests that a relationship between these two factors is unlikely.

The authors, however, suggest that their findings are consistent with their

prediction that perceived control over future events will be associated with better recovery. Indeed in the discussion they go on to state that *"these data suggest that helping rape survivors regain a sense of control over the future"* (p.11) is an important focus for therapeutic strategy. Whilst this may prove to be true, it does not appear to be warranted from their results. Subsequent authors, however, have since cited Frazier and Schauben (1994) as having found that recovery is related to perception of future control (see Allison & Wrightsman, 1993⁴⁴, p.169-170).

The study by Frazier and Schauben raises a number of important issues. First, it highlights how easy it is for results to be misinterpreted, leading to confusion. Second, it confirms previous findings that both types of self-blame are related to poor recovery for survivors of sexual crime, and the distinction between behavioural and characterological self-blame may be redundant. Third, it raises the issue of the exact nature of the relationship between control and recovery following sexual crimes. This issue is one that obviously requires further research as the specific effects of *control* in this study are unclear, and their results have been misinterpreted. Finally, as neither behavioural self-blame (which it should be remembered was highly correlated to characterological self-blame) or perceived past control were related to the belief in future rape likelihood, perhaps the issue of importance is the significant correlation between belief in future rape likelihood and distortion of beliefs. Frazier and Schauben reported that past research has:

"theorized that traumatic life events also result in changes in beliefs about oneself and others (Janoff-Bulman, 1985; McCann & Pearlman, 1990a). For example, a sexual assault may alter a victim's assumptions about the safety and benevolence of the world". (p.3)

Belief in a just world involves the belief that bad things happen only to those who deserve them, and conversely good things happen to good people. As individuals tend to view themselves as basically good people, they are able to

⁴⁴ The study by Frazier & Schauben was cited as 'in press' by Allison & Wrightsman in 1993.

maintain a feeling of invulnerability to negative events (Lerner & Simmons, 1966).⁴⁵ This being true, it may be the case that recovery is affected by a lessened belief in a world that is just (i.e., the fact that a traumatic event has befallen them, lessens their belief in a just world, leaving them feeling vulnerable to future negative events). This lessened belief in a just world may lead survivors to feel vulnerable and out of control.

It appears, therefore, that a number of issues remain that require further careful research. For example, whether losing the belief in a just world has a negative effect on recovery. Also, the nature of the relationship between these cognitions, control, fear and blame.⁴⁶ In addition, there also exists the question as to whether some post-assault interactions may act to maintain or even increase the presence of these negative cognitions. Before such issues can be discussed, however, the differential effects of assault characteristics upon post-assault recovery need to be examined.

The Effect of Assault Characteristics on Symptomatology

A number of different assault characteristics have been examined in terms of their effects on post-assault trauma but this research has given rise to a number of inconsistencies. Resick (1993) has drawn attention to the possibility that these inconsistencies are dependent upon the specific nature of the offender/victim relationship. Some research has suggested that *stranger* rape has more traumatic consequences for the survivor than assault by a known offender (e.g., Ellis et al., 1981; Thornhill & Thornhill, 1990). Resick suggests this is a common assumption although one that other studies have suggested may not be true (e.g., Becker, et al., 1984; Girelli, Resick, Marhoefer-Dvorak & Hutter, 1986; Kilpatrick et al., 1987; Koss et al., 1988). The results of studies carried out by Finkelhor (1979) and Russell (1986) for example, suggest that survivors abused by their father, or father figure, during childhood tended to experience higher levels

⁴⁵ The full implications of this theory are discussed in relation to the attributions of other people later in this chapter.

⁴⁶ See Chapter 5 Section 4.

of trauma than survivors of abuse by other known offenders. Kendell-Tackett, Williams and Finkelhor (1993) conclude from their meta-analysis of 45 studies, that the majority of research evidence suggests that the closer the relationship between the offender and victim the higher the level of resultant trauma. They go on to remark, however, that degree of relationship between known offenders should not be assumed without a measure of perceived closeness of relationship. This may have certain methodological problems in that it relies on the ability of survivors to provide reliable ratings of the closeness of their relationship to the offender in hindsight and discounting their later experiences with that individual.

A possible interaction between victim/offender relationship and other variables must be also considered. For example, a recent study by Rowan, Foy, Rodriguez and Ryan (1994) on 47 intervention-seeking survivors of childhood sexual abuse showed that increased frequency of assault, longer duration of abuse, and decreased age of onset were associated with PTSD-related symptomatology. These factors (such as ongoing abuse, and abuse at a young age) are likely to be related to abuse by known offenders, as strangers are unlikely to have the opportunity to abuse the same individual continually, and especially young children are rarely alone in situations with complete strangers. Also, an interaction between victim/offender relationship and use of force must be considered. Mennen and Meadow (1994) and Ullman and Siegel (1993) found that assaults by strangers were more likely to involve weapons and physical harm to the victim.

Steketee and Foa (1987) suggested that the conflicting results concerning the level of physical *threat* involved in an assault may result from it having both positive and negative effects upon recovery. This theory was also put forward by Koss and Harvey in 1991. Whilst greater physical threat might act to lessen post-assault guilt, loss of self-esteem, and sexual dysfunction, it may produce more pronounced levels of fear and psychosomatic symptoms (Cluss, Boughton,

Frank, Stewart & West, 1983; Ellis et al., 1981; McCahill, Meyer & Fishman, 1979; Norris & Feldman-Summers, 1981; Orlando & Koss, 1983). It should also be borne in mind that the outcome of the assault may differ dependent upon the level of force used. Specifically, Ullman and Siegel (1993) found that increased use of force was related to both higher likelihood of assault completion and an increased level of symptomatology. Use of force, therefore, may be related to higher symptomatology because it is more likely to be related to a completed rape. Unsurprisingly, actual completion of the rape has commonly been associated with an increase in symptomatology (Kendall-Tackett, Williams, & Finkelhor, 1993).

As each assault and each survivor is different, it is possible that there is no definitive answer concerning the effect of specific assault variables on symptomatology. The fact that few studies have examined all assault variables at once might also explain the inconsistencies, in that, if offender/victim relationship, force, assault severity etc., are all related to symptomatology it is unlikely that examination of one variable without considering the effect of others will produce a clear picture. For example, the knowledge that assaults involving force produce greater symptoms than those which do not, is unlikely to be of much use if the relationship of the victim to the offender is of greater importance in predicting symptomatology. Perhaps the only way in which the picture can be made clearer, would be an examination of a number of assault characteristics, to find out which has the greatest relationship with symptomatology.⁴⁷ Such information would allow care-givers and statutory agencies to pinpoint those survivors most at risk of especially high levels of symptomatology as a result of their experience.

⁴⁷ See Chapter 5 Section 3.

The Relationship between Post-Assault Interactions and Symptomatology

Disclosure

The first obvious step in a course of post-assault action is initial disclosure. Finkelhor (1979) suggested that disclosure alone may be unrelated to symptomatology whilst studies by Adams-Tucker (1982); Everill and Waller (1995); and Tufts (1984) all suggest that a negative reaction to disclosure can increase levels of symptomatology, whilst a positive reaction does not actually act to reduce symptomatology (Lamb & Edgar-Smith, 1994). It may be the case that disclosure is only a positive course of action if it provides survivors with the ability to seek needed support. Possibly those survivors who choose not to disclose feel they do not need specific outside support to cope with their experiences. Positive reactions to disclosure do, however, act to maintain close relationships, and predict a more successful coping strategy by the survivor (Harvey, Orbuck, Chwalisz, Alisz & Garwood, 1991). Also, McNulty and Wardle (1994) suggested that disclosure may result in an increase in symptomatology if it results in a dissolution of the survivors available support network.

The maintenance of relationships is likely to be dependent on whether the recipient rejects the survivor following disclosure. Early research by Rohner (1975, 1987, & 1991) on childrens' relationships with their parents found that high levels of perceived parental acceptance were associated with higher self-esteem, and lower depression and dependency. The majority of research on the effects of disclosure has focused upon childhood sexual abuse, possibly due to the fact that children have a smaller support network than adults and, therefore, the response of the recipient of their disclosure is likely to have a greater effect on their overall level of support. Lamb and Edgar-Smith (1994) found that survivors of childhood sexual abuse often disclose to a family member and thus rejection of the child by the parent following disclosure could be expected to produce psychological problems for the child. Indeed, a study by Lovett (1995), on

female survivors of childhood sexual abuse, showed that the lower the level of maternal rejection following disclosure that was reported by survivors, the fewer behavioural problems they exhibited. She goes on to suggest that positive involvement of mothers in the recovery of their daughters from childhood sexual abuse could help not only the child, but also the mother. The meta-analysis by Kendell-Tackett et al., (1993) also found that familial support played an important part in a victim's recovery from their victimisation experience.

The evidence suggests, therefore, that negative reactions to disclosure may not only reduce available support, but may also act as a form of secondary victimisation. Secondary victimisation involves the further traumatising of survivors due to interactions that result from the primary victimisation experience (Taylor, Wood & Lichtman, 1983). Secondary victimisation can also result from interactions with statutory agencies (e.g., police, medical profession, Criminal Justice System), and might affect the perceptions and attributions survivors make about the primary victimisation experience (Ward, 1995). Specifically, encountering attitudes of victim blame, might serve to increase survivors feelings of self-blame, which might in turn, increase negative attitudes towards victims (Coates, Wortman & Abbey, 1979; Thornton, Ryckman, Kirchner, Jacobs, Kaczar & Kuehnel, 1988). Ward (1995) stated:

"Stereotyped misconceptions of sexual assault can limit an individual's capacity to render the much needed social support to victims in crisis. If this is the case, the psychological recovery of rape victims may be directly impaired by the absence of supportive responses from significant others. Secondly, these myths can be implicitly or explicitly filtered back to victims through the inappropriate or unsupportive reactions of friends and family members." (p. 129)

In other words, negative reactions might produce a vicious circle, which increases the victims' self-blame and trauma, and thus leads to an increased

likelihood that survivors will meet with negative reactions.

Post-Assault Interactions

There is also evidence that the expectations of significant others, in conjunction with expected treatment by the police plays a large part in a survivors decision concerning report (see Winkel & Vrij, 1993). Koss and Harvey (1991) suggested that knowledge and fear of ill-treatment by statutory agencies (police, Criminal Justice System) plays an important part in a survivor's reluctance to report (Bart, 1979; Holmstrom & Burgess, 1975; Robin, 1977). In other words, the reactions of significant others and statutory agencies to a victimisation experience may not only serve to worsen the trauma experienced by survivors, but also dictate whether they report the crime to the police. A decision to report would certainly lead to more accurate report statistics, and hopefully (though not necessary) lead to punishment of the offender. It is entirely possible that this fear of interaction with the Criminal Justice System (CJS) is well-founded, as some researchers (e.g., Kilpatrick, Veronen & Resick, 1979) have suggested that secondary victimisation at the hands of the CJS can be as bad, if not worse, than the initial victimisation experience and can act to increase symptomatology (Allison & Wrightsman, 1993; Brownmiller, 1975; Gager & Schurr, 1976; Kilpatrick et al., 1979; Medea & Thompson, 1974).

Cann, Calhoun, and Selby (1981), suggest that secondary victimisation at the hands of the CJS may arise from confusion surrounding the role of the victim and the criminal in the system. Specifically, attention may be focused on how the survivor 'induced' the rape, rather than what the offender actually did, resulting in the impression that sympathy lies with the offender (Berger, 1977, Wood, 1973). Cann et al. (1981) suggest that lack of understanding concerning the traumatic effects of sexual victimisation, unreliable prevalence figures, and failure to consider the effects of rape and fear of rape, may result from this confusion. It should also be considered, however, that secondary victimisation

may arise from these very factors. Not only might a negative response to report serve to increase symptomatology through secondary victimisation, it should also be pointed out that success in bringing charges against an offender has been related to lower levels of symptomatology (Sales, Baum & Shore, 1984).

Lack of understanding about the reality of sexual crimes may also be perpetuated by the portrayal of stereotypical rape scenarios by the media. Viano (1992) suggests that the media are responsible for moulding public opinion and perpetuating myths, by sensationalising sexual crimes whilst minimising the traumatic effects on the survivor (Cumberbatch & Beardsworth, 1976; Gilsinan, 1982; Scheingold, 1984). Viano (1992) also suggests that those individuals who read newspapers with the highest levels of crime coverage exhibit the highest levels of fear, and that those who watch the most television have the most distorted and stereotypical view of crime and its effects on victims.

Ward (1995) presented evidence from a number of researchers, which suggests that effective education is required to improve attitudes towards survivors of sexual violence, and increase understanding of the actual dynamics of such crimes (e.g., Burt, 1980; Friere, 1970; Rich & Sampson, 1990). Koss and Harvey (1991), not only emphasise the part a well-educated community can play in the effective support of survivors of sexual violence but also suggest that lack of intervention and secondary victimisation are evidence of a general lack of awareness, and lend a level of legitimacy to "rape supportive belief systems" (Weis & Borges, 1973). Ward (1995) also stated that:

"...my own research has indicated that specific knowledge about the nature of sexual offences is associated with more supportive attitudes toward rape victims" (p.47)

Lack of awareness or education, therefore, might be seen to lead to a perpetual cycle involving a lack of realistic concepts of the dynamics, prevalence and effects of sexual violence; resultant secondary victimisation; decreased report likelihood; and therefore, reduced likelihood that awareness can be effectively

increased, and prevention strategies effectively employed.

In view of the reported possibilities of secondary victimisation at the hands of the police and CJS, it might be hoped that intervention seeking from the medical profession would lead only to positive outcomes. Allison and Wrightsman (1993) however, suggest that it might provide further opportunities for secondary victimisation. They suggest the likelihood of this is dependent on the level of training undertaken by medical professions, a contention supported by the research of Ledray (1990) and Lenehan (1991).

On the whole, all forms of cognitive and crisis intervention have been found to produce some positive benefits for survivors (see Foa, Rothbaum & Steketee, 1993; Steketee & Foa, 1987). Due to the reported importance of the perceptions and attributions of survivors it is perhaps unsurprising that interventions that focus on examining and altering negative cognitions aid recovery. A repeated measures study by Lanktree and Briere (1995) also found that time spent in therapy was an important predictor of lessened symptomatology. Koss and Harvey (1991) reported evidence for positive effects of psychotherapy, cognitive therapy, and systematic desensitization, on measures of fear, anxiety, depression and social dysfunction (Turner, 1979; Frank & Stewart, 1983a; 1983b). Although each type of intervention may not be suitable for all survivors (Cryer & Beutler, 1980), it appears that in general supportive interventions have positive effects upon the recovery of survivors of sexual violence.

The research presented suggests that post-assault actions and interactions are not only related to each other, but also wider ranging issues. It can be seen that post-assault interactions can have both positive and negative effects upon the recovery of survivors, and also produce both positive and negative feedback into general awareness, the possibility of secondary victimisation, and the implementation of successful prevention strategies. Specifically, positive

reactions to survivors of sexual violence not only allow for the provision of support (and resultant increase in recovery), but also an increase in the likelihood that survivors will report their experience to the police. Negative reactions, however, lead to a disruption of the support network, increased trauma, and reduced likelihood of report. Lack of positive support and report likelihood also result from non-disclosure.

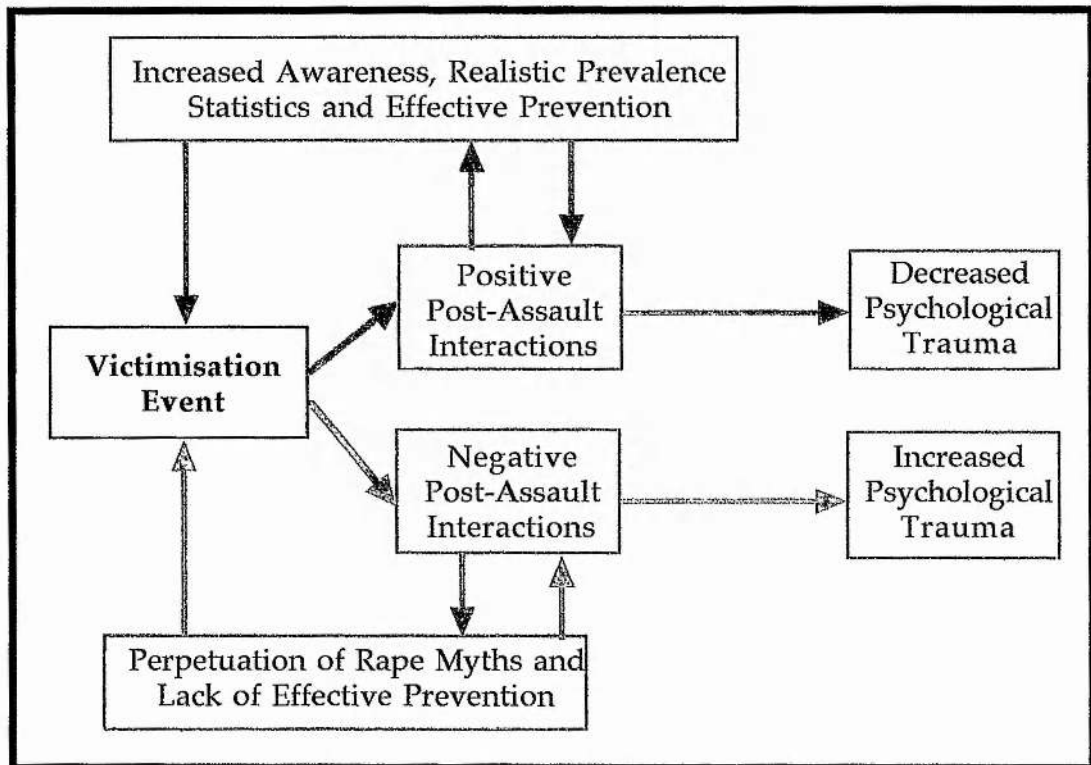
The decision to report can lead to secondary victimisation, which increases trauma and reduces general likelihood of report due an increase in public perceptions of the likelihood of secondary victimisation. This decreased likelihood of report leads to a lack of accurate understanding of the sexual crimes that are taking place and their dynamics. This not only increases the likelihood that survivors will meet with negative reactions, but also prevents the implementation of effective intervention strategies. Positive interactions with the police and CJS, relate back to an increased general likelihood to report and, therefore, more effective action against sexual offenders. Also, increased report rates will provide more realistic and accurate report statistics which in turn, will lead to heightened awareness of sexual violence and the issues that surround it. This, finally, will increase the likelihood that survivors who disclose will meet with positive reactions and effective prevention strategies can be implemented.

In the most simplistic terms (Figure 3.1)⁴⁸, this suggests that positive responses to survivors of sexual violence may not only lead to lessened trauma, but hopefully lessened prevalence of sexual violence. Conversely, secondary victimisation may not only negatively affect the recovery of survivors of sexual violence, but may also decrease the likelihood that such acts of violence are successfully prevented. This model, therefore, highlights the fact that research and education into altering negative attitudes and the prevention of secondary victimisation is pivotal in attempts to combat sexual violence in general. If it is the case that negative attitudes can play such an important role in predicting survivors' recovery from sexual violence it is necessary to examine why and

⁴⁸ Appendix 1 shows a full feedback model of post-sexual assault actions and outcomes.

how other people make negative, or positive attributions about survivors of sexual crimes.

Figure 3.1 - SIMPLIFIED FEEDBACK MODEL OF POST-SEXUAL ASSAULT ACTIONS AND OUTCOMES



OBSERVER ATTRIBUTIONS ABOUT SEXUAL VIOLENCE

The basis of attribution theory is that individuals need to find a meaning for events and a reason for the behaviour of others. Heider (1958) suggested that people make attributions about the actions of other people due to a need to devise causal theories about their behaviour. Jones and Davis (1965) went further to suggest that people, on the whole, prefer to infer behaviour to dispositional rather than environmental factors in order to provide a sense of predictability and control. This being the case, when making attributions about

sexual assault, people should be more likely to make attributions to the character of the individuals involved, rather than the situational factors relating to the assault. People should also be as likely to make attributions to dispositional factors for sexual offenders, as they are for victims. Evidence suggests, however, that this is not the case. Research suggests that there is a bias towards making attributions to dispositional factors of victims rather than offenders, and also that a great variety of attributor, assault, and extra-assault factors serve to affect these attributions. This research will be reviewed, and followed by an examination of the theories that might serve to explain why people appear to have a dispositional attribution bias towards victims.

Gender Differences

Studies such as those carried out by Bell, Kuriloff and Lottes (1994); Kanekar and Kolsawalla (1980); Macrae and MacLeod (1988) and Whatley and Riggio (1993) have found that males tend to blame rape victims more than do females. Also, studies such as Kanekar, Shaherwalla, Franco, Kunjo and Pinto (1991) and Macrae and Shepherd (1989) have found that females are in general, more blaming towards offenders. Conversely, there are studies that have found no significant sex differences (e.g., Janoff-Bulman, Timko & Carli, 1985; Jones & Aronson, 1973; Krahe, 1988; L'Armand & Pepitone, 1982), and others have found that under certain circumstances women can be more blaming of sexual assault victims than males (Krulowitz & Payne, 1978; Luginbuhl & Mullin, 1981). Such inconsistencies may be due to the fact that males have been found to be significantly more affected by essentially irrelevant victim characteristics (e.g., virgin or sexually promiscuous) than are females (e.g., Macrae & Shepherd, 1989). In other words, it is possible that the nature of the attributions made by females remains similar across studies, whilst the attributions of males are being affected by slight differences in the information provided, leading to more or less negative attributions. Evidence does however suggest that females have been

found to be more likely than males to view ambiguous encounters as rape (e.g., Jenkins & Dambrot, 1987), to view non-consensual intercourse as unacceptable (Freetly & Kane, 1995), and to see rape as more serious and damaging to the victim (Feldman-Summers & Lindner, 1976; L'Armand & Pepitone, 1982).

In addition to their increased likelihood of becoming the victim of a sexual assault, these more pro-victim attributions of females may be due to a greater understanding of sexual violence and its effects. There may, however, be additional mediating factors which explain the differences found.

People who hold more traditional gender-role attitudes have been found to require more stringent criteria in order to define an event as rape (Willis, 1992). Also, those with more traditional attitudes have been found to blame the victim more (Thornton et al., 1982), and to see the victim as less traumatised by the event (Howells, Shaw, Greasley, Robertson, Gloster & Metcalfe, 1984). Individuals with traditional gender-role attitudes have also been found to be more likely to take into account a victim's behaviour when interpreting a rape event (Deitz, Littman, & Bentley, 1984; Krahe, 1988; Krulewitz & Payne, 1978; Weir & Wrightsman, 1990). Gender-role attitudes, therefore, may interact with attributor gender to produce a situation where males are, on the whole, more likely to place behavioural blame on rape victims and females are more likely to place blame on situational or chance factors (Luginbuhl & Mullin, 1981; Selby, Calhoun & Brock, 1977).

Whilst this relationship is not surprising, in view of the finding that gender-role attitudes are highly related to acceptance of rape myths⁴⁹ (Burt, 1980; Costin, 1985; and Fischer, 1987), it also suggests that such conflicting findings may be attributable to differing levels of gender-role acceptance in the different subject populations used. In fact, Allison and Wrightsman (1993) suggest that the empirical evidence indicates that the gender-role attitudes held by individuals appear to at least attenuate, if not eliminate, gender differences (Shotland & Goldstein, 1983; Weir & Wrightsman, 1990). Therefore, their mediating effects

⁴⁹ See Chapter 2.

need to be uppermost in the minds of those researching attributions (see Chapter 4).

Assault Characteristics

Research into the difference between attributions of fault, blame or responsibility made about victims of stranger and acquaintance rape has also produced inconsistent findings. Many studies (e.g., Bridges & McGrail, 1989; Calhoun, Selby & Warring, 1976; Check & Malamuth, 1983; Kanekar et al., 1991; L'Armand & Pepitone, 1982; Smith, Keating, Hester & Mitchell, 1976), have found the victim is assigned more responsibility when acquainted with the offender. Such differences, however, were not replicated by research such as Howells et al. (1984); Linz, Donnerstein and Penrod (1988); McCaul, Veltum, Boyechko and Crawford (1990). Further confusing results were found by Smith et al. (1976) who found that greater responsibility was assigned to the unacquainted victim only when she was a nun and not a social worker or dancer; and Bolt and Caswell (1981) who found the same was true only for assaults that took place in a deserted park late at night rather than a parking lot at 5pm.

Kanekar and Seksaria (1993) attempted to explain these findings in terms of the ambiguity reduction hypothesis. This hypothesis suggests that the greater the level of ambiguity in a rape situation, the less responsibility will be assigned to the offender (for example, there might be thought to be a higher level of ambiguity regarding the woman's consent when she is acquainted with the offender, did not physically resist, and had a 'disreputable' occupation).⁵⁰ Kanekar and Seksaria (1993) expected to find a clear three-way interaction between victim/offender acquaintance (stranger or known), victim occupation (schoolteacher or callgirl), and victim resistance (physical resistance or no physical resistance) on the level of fault attributed to a rape victim. Their results

⁵⁰ Check and Malamuth (1983); Johnson and Jackson (1988); and Johnson and Russ (1989) all found there to be a greater level of ambiguity in acquaintance than stranger rape.

actually showed that the unacquainted, resisting schoolteacher was assigned the least fault; the acquainted, non-resisting callgirl was assigned the most fault; and all other cells fell non-significantly in the middle. In other words what Kanekar and Seksaria (1993) found, was that the overall level of ambiguity produced by a combination of factors predicted attributions. This may also explain the finding of Kanekar and Kolsawalla (1980), that there were no gender differences in attributions made both to provocative divorcees and unprovocative married victims, perhaps due to the fact that these represent either end of a continuum of ambiguity.

It is likely that there would be a higher level of ambiguity involved in situations that lead to acquaintance rape, e.g., kissing, drinking alcohol, and voluntarily being with the offender, which may confuse the issue and make it impossible to assign attributions of responsibility to specific factors such as acquaintance.⁵¹ Studies such as Willis and Wrightsman (1990) have also found that even the most subtle differences in relationship (e.g., co-worker or friend) can make a large difference in the level of responsibility attributed to the victim. This study found that a victim of rape by a stranger or co-worker is viewed similarly, whereas the victim of rape by a friend or boyfriend were attributed greater responsibility (Willis & Wrightsman, 1990). It is, therefore, likely that as the majority of attribution research uses vignettes, the differences found are due to subtle differences in portrayal of the actors and events.

Clearer pointers toward differential attitudes with regards to stranger and acquaintance rape victims may come from evidence that acquaintance rape is not readily perceived as a 'real rape' (e.g., Klemmack & Klemmack, 1976; Tetrealt & Barnett, 1987). This is supported by evidence that the conviction rate in rape cases is lower for acquaintance rape than stranger rape (Clark & Lewis, 1977), and that the official reaction to men accused of rape is less serious when the man

⁵¹ For example, whilst Check and Malamuth (1983) found that victims of acquaintance rape were perceived as reacting more favourably than those involved in stranger rape, the results were somewhat confounded by the victim of the acquaintance rape being described as more sexually active than the victim of the stranger rape, and exhibiting certain behaviours that might be seen as encouraging the rape.

knew the woman in question and when the woman did not report the incident immediately (Holmstrom & Burgess, 1978; Sebba & Cahan, 1975; Williams, 1976). Pollard (1992) suggests that these sorts of findings may be due to one of several reasons. First, it may relate to a belief that 'date' rape does not have as serious an effect on the victim and so the offender is not so deserving of punishment. Second, there may be an assumption that in dating relationships there is a greater onus on females to set the sexual boundaries, so that women can be held more responsible if those boundaries are crossed by the male. Third, it may stem from the historical viewpoint that women are the sexual property of men with whom they are involved in a relationship.

Extraneous Characteristics of Offender, Victim, or Assault

Kelley (1972) put forward a discounting principle theory which suggests that a specific factor (in this case the offender) will not be assigned responsibility for an event if other explanations are plausible. The number of extraneous factors that have been found to affect attributions (by creating doubt about victim consent, resistance etc.) would appear to provide some support for this theory.

Victims who are more obviously distressed are seen as more believable (Calhoun et al., 1981), as are those who physically resist (Wyer, Bodenhausen & Gorman, 1985). Interestingly, Branscombe and Weir (1992) found that both too much and too little resistance on the part of the victim led to higher attributions of responsibility. However, women have been found to be held less responsible in attempted than completed rapes (Kanekar & Vaz, 1983). This is probably due to the fact that if the victim manages to prevent the completion of the rape, it reduces ambiguity as to consent. The seemingly conflicting finding of Krulewitz and Nash (1979) that offenders are blamed more in completed than attempted rape may be explained by the fact that if the offender did manage to complete the rape, it might suggest he was more determined to rape and possibly used more force. This is consistent with the findings of Krulewitz and Payne (1978) that the

extent to which offenders are blamed is in direct relation to the amount of force used; and Kanekar et al. (1991), that longer imprisonment is recommended for rapists who physically hurt their victims.

The effect of the marital status of the victim on attributions is not clear. Jones and Aronson (1973) found both a married victim and a virgin were attributed less fault than a divorcee, whilst Kanekar and Kolsawalla (1977, 1980) found no such effect, and Feldman-Summers and Lindner (1976) found the opposite effect. Comparing a single victim to one who was described as engaged to be married, Howells et al. (1984) also found no difference. Pollard (1992) suggests that whilst these studies are attempting to examine the effect of victim respectability, marital status cannot really be seen as a valid measure of this. He suggested the study by Luginbuhl and Mullin (1981) might provide a better measure as it examined respectability on the basis of occupation combined with marital status (e.g. married social worker vs. divorced topless dancer). They found that the 'respectable' victim was less likely to have the cause of the attack attributed to their character and more likely to have it attributed to chance. They also found that whilst male subjects suggested longer sentences for the rapist of the respectable victim, female subjects were not so affected as regards suggested sentence. Alicke and Yurak (1995) found that females make greater use of information about the defendant's general aggressiveness to infer guilt than do males. They suggested that these and other findings may result from males and females differing on their perceptions of the relevance of information.

The results found for marital status and occupation, may suggest that rape is not taken as seriously as it should when the victim did not act in a manner consistent with traditional gender-roles. This is supported by a number of the studies that have found that the victim is blamed more if she has a prior arrest record (Whatley & Riggio, 1993), and that the offender is blamed less or recommended lesser punishment if the victim behaved in a manner seen as provocative or unconventional (e.g., Best & Demmin, 1982; Kanekar &

Kolsawalla, 1980; L'Armand & Pepitone, 1982; Yarmey, 1985); or is sexually experienced (e.g., Pugh, 1983; L'Armand & Pepitone, 1982). Also, Damrosch (1985) found that less sympathy was felt for the victim who is seen to having acted imprudently (e.g., failing to lock their car). Feldman-Summers and Lindner (1976) found that as a victim's perceived respectability decreases, so does the perceived impact of the crime, whilst her perceived responsibility increases.

The fact that consumption of alcohol has been found to increase perceived responsibility of the victim, but reduce perceived responsibility of the offender (Richardson & Campbell, 1982) is most likely related to the finding of Norris and Cubbins (1992) that consumption of alcohol by both parties decreases the likelihood that the event will be labelled as rape. In addition, these findings may suggest alcohol consumption by females is not seen to fit in with traditional gender-roles, and alcohol consumption by males is thought to reduce their ability to control their actions. Such findings may also be related to the finding that men see women who drink alcohol as more sexual than women who drink soft drinks, and that males who have high alcohol expectancy⁵² perceive women who drink to be more likely to engage in sexual behaviours (George, Cue, Lopez, Crowe & Norris, 1995).

On the whole, studies have found that a physically 'unattractive' victim is attributed more blame and that such effects may be greater for, if not limited to males subjects (e.g., Deitz, Littman & Bentley, 1984). It has been suggested by some researchers that perhaps the unattractive victim is seen as less of a likely target and more likely to have done something to provoke the attack (Pollard, 1992). However, the explanation that unattractive and less respectable victims are discrepant from a female stereotype and are, therefore, worth less than a respectable, attractive victim was seen as more compelling by Pollard. This would appear to be in line with the previously mentioned research concerning the effects on attributions of victim behaviour that can be seen to be outwith traditional gender-roles.

⁵² Defined as the belief that alcohol acts as an aphrodisiac.

On the whole the research suggests that the processes involved in making attributions towards victims and offender differ. Specifically, irrelevant victim information, (e.g., prior sexual history, criminal record, marital status, attractiveness) is used to discredit the victim where possible. Whereas, for the offender, extraneous factors (even those which are conversely used to discredit the victim, e.g., consumption of alcohol), are used to mitigate the actions of the offender. Indeed, it only appears that irrefutable assault characteristics (e.g., the offender and victim being strangers, or use of force), are related to the assignation of greater responsibility, and the suggestion of greater punishment for the offender. From this it might be thought that unless the immediate assault characteristics suggest the irrefutable guilt of the offender, attributors will look to extraneous characteristics in order to find factors which will justify the assignation of responsibility to the victim.

Attributor characteristics appear to be a secondary, though mediating factor of this effect. The effect of subject gender upon attributions is not clear, although it seems that there is a strong relationship between belief in traditional gender-roles and negative attitudes towards victims. This is undoubtedly related to the fact that victim characteristics which suggest a less 'respectable' victim also tend to lead to more negative attitudes towards the victim. The most important implication of the effect of gender-role attitudes, however, is that such attitudes, which are not always tested, have an important role in explaining the attributions made about sexual assault. Unless these attitudes are taken into account, a full understanding of the possible interactions between assault and extra-assault factors which effect attributions cannot be gained.

EXPLANATIONS FOR THE EXISTENCE OF A DISPOSITIONAL ATTRIBUTION BIAS TOWARDS VICTIMS.

In addition to Kelley's (1972) discounting principle and the theory of ambiguity reduction (Kanekar & Seksaria, 1993), two other theories have frequently been put forward to explain the kinds of attributions people make about victims of crime.

Just World

Lerner and Simmons (1966) suggest that people need to believe that there is an appropriate fit between their actions and what happens to them. They posited a Just World Theory which suggests that in order to believe that we can avoid negative events we hold a belief that the world is a just place, which ensures that bad things will only happen to bad people. Such a belief allows individuals who, on the whole believe themselves to be good, to feel invulnerable to misfortune. Also, when we see an individual suffer misfortune in what appears to be an unjust manner, we assume that that individual in some way must have deserved their misfortune in order to maintain our belief that the world is a just place. In 1978, Lerner and Miller stated that when we can blame an individual's behaviour we do not need to look to their character for an explanation. However, when their behaviour offers no explanations for their fate, it is necessary to derogate their character.

Miller, Smith, Ferree and Taylor (1976); Whatley and Riggio (1993); and Zuckerman, Gerbasi, Kravitz and Wheeler (1975) found that individuals with a strong belief in a just world perceive victims of rape as more responsible for their fate. However, other studies (e.g., Thornton et al., 1982; Weir & Wrightsman, 1990) found no such relationship. The Just World Theory suggests that if an individual of good character is raped then there would be a greater need to find

justice. However, research on respectability⁵³ of the victim, has not supported this (Allison & Wrightsman, 1993).

An explanation for this may be that when the victim's character and actions appear above contempt, the ability to restore justice becomes infeasible and, therefore, other defence mechanisms come into action. Whilst the Just World Theory may not provide an explanation of all attributional research findings it may provide an initial level of explanation for negative attitudes toward victims (McCaul et al., 1990). It may also provide a level of explanation for some of the gender differences in attributions as males have been found to have a higher level of belief in a just world than females (Ambrosio & Sheehan, 1990; Whatley & Riggio, 1993).

Defensive Attributions

Shaver (1970) posited that when confronted by negative events, individuals are less likely to assign responsibility to an individual who has experienced something they feel they are likely to experience themselves. This is due to the fact that individuals would not wish to be blamed should the same thing happened to them. This theory appears to be supported by findings relating to gender differences (e.g., Bell, Kuriloff & Lottes, 1994; and Whatley & Riggio, 1993), as the victim of sexual assault is more likely to be female and females have been found to blame the victim less than males, and the offender is more likely to be male and males have been found to blame the offender less than females. This theory also receives support from findings on gender-role attitude differences (e.g., Thornton et al., 1982; Howells et al., 1984), in that gender-role attitudes are often related to appropriate behaviour, and individuals with particular attitudes are likely to engage in behaviours appropriate to that attitude and be less willing to hold other people responsible for doing the same. For example, a woman with non-traditional attitudes may feel that women are

⁵³ Luginbuhl and Mullin (1981) actually found that the respectable victim was liked more by attributors, though seen to suffer more - which would pose an even greater threat to a belief in a just world (Allison & Wrightsman (1993).

entitled to ask men out on dates. Therefore, when faced with a female who engaged in this behaviour, a woman would be less likely to hold her responsible for any negative consequences. Indeed, a number of studies including Deitz et al. (1984); Fulero and DeLara (1976); Bell, Kuriloff and Lottes (1994); and Thornton et al., (1982) found that the more similar the victim is to the attributor, or the higher the level of identification of the attributor with the victim, the less responsibility is attributed to that victim.

A theory of defensive attributions may also provide an explanation for the finding that individuals who are acquainted with rape victims are more empathic towards a victim presented in an experimental videotape (Barnett, Tetrault, & Masbad, 1987; Barnett, Feierstein, Jaet, Saunders, Quackenbush & Sinisi, 1992). Barnett et al. (1992) found that this increased empathy extended to individuals who experienced other traumatic events (e.g., bereavement). Whilst this acquaintanceship might increase understanding of rape-related trauma, it might also lead to a reduction in an individual's perceived invulnerability to negative events, and reduce their likelihood to act in a callous manner to other victims of negative events. It is possible that the mediating effect of knowing a rape victim is larger for males, perhaps due to their having an initial definition of rape that is narrower than that of females. They may therefore, require a more extensive rethinking of such definitions in order to understand the experience of the victim with whom they are acquainted (Freetly & Kane, 1995).

The level of complexity involved in examining attributions toward victims of sexual violence immediately suggests the unlikelihood of there being one explanation that would account for all findings. Just World Theory suggests that negative attributions are more commonly directed towards victims because they are the ones having the negative event done to them. Attributors, therefore, find it necessary to make attributions that act to maintain low levels of fear and high levels of perceived control over negative events. Defensive

attributions, however, may help in explaining the differences between attributor groups. Those attributors who feel they are similar to the victim (i.e., females) or similar to the offender (i.e., males) may find it necessary to make more positive attributions towards that individual in order to maintain self-esteem. In addition, Defensive Attribution Theory might also explain some of the more robust effects of gender-role attitudes. Those attributors with more certain gender-role attitudes may feel even more affiliated to the offender or victim, for reasons other than purely on the basis of their gender.

The Ambiguity Reduction Hypothesis and Discounting Principle may serve to explain the manner in which attributions differ dependent upon assault, and extra-assault characteristics. Specifically, the Ambiguity Reduction Hypothesis might explain the effects of high levels of seemingly ambiguous information in a scenario, whilst the Discounting Principle might explain the manner in which even the smallest pieces of irrelevant information can be used to justify negative attributions.

In conclusion, therefore, it appears that there is a bias towards making negative dispositional attributions towards victims and almost any piece of information, no matter how irrelevant, can act to enhance this tendency. It appears also, that an amalgamation of a number of the theories that have been put forward to explain the dynamics and motivations of attributions, might have value in explaining the attributions made about sexual assault survivors and offenders. Bearing in mind the negative effects of self-blame attributions held by survivors about themselves and the manner in which these attributions can be affirmed by the attitudes of significant others (and possibly society as a whole), a full understanding of the kinds of information which affect the attributions made must be a priority. This will aid not only the effective education of the general public to reduce negative perceptions of rape survivors, but also aid the Criminal Justice System in ascertaining which pieces of information should not be admissible in court due to their potential to bias the decision of juries.

CHAPTER FOUR

Attitudes Towards Survivors of Sexual Violence

GENERAL INTRODUCTION

A number of studies have suggested that survivors of sexual crimes are especially susceptible to secondary victimisation (further traumatising experiences) at the hands of the general public and statutory agencies (e.g., Madigan & Gamble, 1991). This may be due to the especially traumatic nature of their primary victimisation experience (see Chapter 3). However, it may also be due to the kinds of attributions people make about survivors of sexual crimes, compared to survivors of other negative events.⁵⁴

Over the past two decades a great deal of research has focused upon the attributions made by others about survivors of sexual crimes (e.g., Kanekar et al., 1991; Linz et al., 1988; Whatley & Riggio, 1993). An understanding of the nature of these attributions and the kind of factors that may affect them could aid the prevention of secondary victimisation, by highlighting the forms of education that would prove most effective in dissipating negative attitudes, and allowing the Criminal Justice System to ascertain what information should be admissible in court.

It is of considerable practical importance, therefore, to examine the nature of attributions made toward survivors of sexual crimes; how such attributions differ from attributions made about individuals who experience other types of crime; what factors exacerbate negative attitudes; and how such negative attitudes might be altered.

This chapter reports the findings of two laboratory-based studies which attempt to address these issues. The first study examines the nature of attributions towards survivors of sexual crimes in comparison to attributions

⁵⁴ See Chapter 3 for detailed discussion.

made about survivors of non-sexual crimes, and what variables may be related to such attributions. The second study examines whether negative attitudes toward survivors of sexual crimes can be altered by the presentation of certain types of information. These two studies will be followed by a general discussion of their implications for the prevention of secondary victimisation.

Study 1

Societal Attitudes and Gender: Their Effect on Attributions about Sexual and Physical Assault

INTRODUCTION

Assault characteristics, such as the relationship between victim and defendant, have been found to affect the level at which responsibility is attributed to the victim of a sexual crime (e.g., Bridges & McGrail 1989; Howells et al., 1984; Kanekar et al., 1991; Linz et al., 1988). Factors unrelated to the assault, such as the gender of the person making the attributions about the incident (e.g., Bell, Kuriloff & Lottes, 1994; Kanekar et al., 1991; Macrae & Shepherd, 1989; Whatley & Riggio, 1993); and extra-evidential victim characteristics (e.g., marital status, occupation, prior arrest record, or sexual experience) have also been found to affect attributions of responsibility, fault and blame to the victim or defendant, and the severity of suggested punishment for the defendant (Feldman-Summers & Lindner, 1976; Jones & Aronson, 1973; L'Armand & Pepitone, 1982; Luginbuhl & Mullin, 1981; Pugh, 1983; Whatley & Riggio, 1993).

Studies of the effect of assault-related factors have tended to produce inconsistent findings. Some studies have found that survivors of acquaintance rape are assigned more blame than survivors of stranger rape (e.g., Bridges & McGrail, 1989; L'Armand & Pepitone, 1982). Other studies, however, have found the opposite effect (e.g., Linz et al., 1988; McCaul et al., 1990). Research into the effect of extra-evidential characteristics has shown more consistent results. The presentation of factors which suggest a less respectable victim (e.g., prior arrest record, provocative or unconventional behaviour, consumption of alcohol) has been related to greater levels of blame and responsibility being attributed to the victim, and less punishment being suggested for the defendant (Kanekar & Kolsawalla, 1980; L'Armand & Pepitone, 1982; Macrae & MacLeod, 1988; Richardson & Campbell, 1982; Whatley & Riggio, 1993).

The inconsistencies found for the effect of assault-related factors may partly be due to differences in the type of vignettes presented. In some studies, the presentation of the acquainted victim includes extra-evidential characteristics (e.g., previous sexual activity) that are not included in the presentation of an unacquainted victim (e.g., Check & Malamuth, 1983). Also, very slight differences in the terminology used to describe the victim/defendant relationship (e.g., co-worker vs. friend) have been found to make a significant difference to the level of responsibility attributed to the victim (Willis & Wrightsman, 1990).

Similar inconsistencies emerge in studies which examine the effect of attributor gender. A number of studies, for example, have reported that males attribute more blame to rape victims than do females (e.g., Bridges & McGrail, 1989; Deitz et al., 1984; Howells et al., 1984; Jenkins & Dambrot, 1987; Macrae & MacLeod, 1988; Johnson & Jackson, 1988; Wyer, et al., 1985). Others have found no significant difference between the kinds of attributions made by males and females (e.g., Krahe, 1988; L'Armand & Pepitone, 1982), and one study found that females actually attributed more blame to rape victims than did males (Krulowitz & Payne, 1978).

In addition to methodological differences, it is possible that these inconsistencies are also due to differences in the societal attitudes or beliefs held by individual subjects. A number of studies have found that subjects who hold more traditional attitudes towards male and female gender-roles require more rigid criteria in order to define an event as rape, and are more likely to hold negative attitudes towards rape victims than individuals who hold egalitarian attitudes (e.g., Costin & Schwarz, 1987; Lee & Cheung, 1991; Lottes, 1991; Thornton et al., 1982; Ward, 1988; Willis, 1992). It has been suggested that gender-role attitudes may at least attenuate, if not eliminate, gender differences (Allison & Wrightsman, 1993).

Howard (1984) examined the effect of attributer gender and attitude toward

societal conceptions of gender-roles on attributions of blame for both male and female victims of sexual and non-sexual crimes (rape or robbery). She found that subjects with more traditional attitudes toward gender-roles attributed more global and characterological blame to female than to male victims, and that subjects with more egalitarian attitudes did not differ in their attributions to male and female victims. In other words, people with traditional gender-role attitudes were more likely to attribute blame to stable character traits of female victims than to male crime victims, whilst those with more egalitarian views did not make any such distinction.

Whilst this serves as additional evidence for an effect of societal attitudes on attributions, Howard's study did not examine the interaction between subject gender and attitude toward gender-roles with regard to blame, or whether the effect of gender-role attitude on blame differed between the victims of rape and robbery. Also, Howard acknowledged that the vignettes used in her study presented a stereotypical assault scenario (i.e., the assailant was a stranger who used a weapon, and the assault occurred at night and outdoors), and suggested that societal factors might interact with assault characteristics. The effect of gender-role attitudes on victim blame, therefore, may be less pronounced in less stereotypical scenarios.

The present study seeks to examine not only the differences between attributions made for sexual and non-sexual crimes, but also the effect of subject gender and gender-role attitude on these attributions. The relationship between victim and defendant is varied in order to explore whether the extent to which the scenario fits the assault stereotype mediates any effect of subject gender and societal attitudes about gender-roles. Positive or negative attitudes towards the victim and defendant are examined through attributions of responsibility⁵⁵ for the victim, suggested punishment for the defendant, and a number of additional

⁵⁵ It was decided to use the term 'responsibility' rather than 'blame' or 'fault' in this study as it is directly linked to causal responsibility without the implication of moral responsibility that is necessarily linked with blame and fault, see Ward (1995) for further discussion.

questions (which have not previously been examined) concerning the assault, and the character and behaviour of both victim and defendant.

The main hypotheses for this study are: 1) that the attributions made for sexual crimes would differ from those made for non-sexual crimes, due to the fact that issues such as consent are relevant only for crimes with a sexual content; 2) gender-role attitudes (as measured by the Attitude Toward Women Scale; Spence & Helmreich, 1978) would interact with subject gender to effect attributions; 3) the relationship between gender-role attitudes and attributions would be stronger in the case of a sexual crime than a non-sexual crime due to the close relationship that has been found between rape myth acceptance (e.g., that the behaviour of women precipitates rape; Burt, 1980), and belief in traditional gender-roles (Costin, 1985; Fischer, 1987); 4) that traditional gender-role attitudes would be related to more negative attributions toward the victims and less negative attributions toward the defendants than egalitarian attitudes; and 5) that any mediating effect of gender-role attitudes would be more apparent in more stereotypical assault scenarios (i.e., when the assailant is a stranger to the victim), than when the assailant and victim are dating, or in a long-term relationship.

SUBJECTS

The subjects in this experiment were 120 female and 120 male undergraduate psychology students in their first or second year of study at the University of St Andrews, Scotland. The subjects took part in the experiment on a voluntary basis at the end of their weekly practical psychology classes.

DESIGN AND METHOD

A 2 x 2 x 3 between subjects design was employed. There were three independent variables: subject gender, assault type, and defendant/victim relationship. 60 male and 60 female subjects were given a description of a

scenario which concluded with the victim being *physically* assaulted. The remainder were given a scenario that concluded with the victim being *sexually* assaulted. From each of these four groups of 60, 20 subjects were given a scenario in which the victim and defendant were strangers, 20 were given a scenario in which they had had only one date prior to the incident described, and 20 were given a scenario in which they had had a dating relationship for several months, thus providing twelve separate conditions. Equal numbers of males and females were randomly allocated to crime type and defendant/victim relationship conditions.

Each subject received a handout depicting a short biographical description of a female and a male university student, a two-page scenario detailing an interaction between the male (John) and the female (Rachel), and twenty questions examining subjects' attributions. In addition to the target questions concerning responsibility and punishment, subjects were asked to rate: how likely they felt the victim and defendant would be to act differently if faced with the same situation again; how impulsive and naive they perceived the victim to be; how likely they felt the defendant would be to act without first considering the consequences of his actions; the severity of victim trauma; the likelihood of the victim reporting the assault to the police; and how likely they felt the defendant's friends would be to understand his actions. These target questions were interspersed amongst a number of non-target questions. All responses were measured on a six-point Likert-type scale, (e.g., 1- '*not at all responsible*', 6 - '*extremely responsible*'). Finally subjects completed the revised form of the Attitude Toward Women Scale (Spence & Helmreich, 1978). For materials see Appendix 2.

The scenarios described a Sunday during University term and included: how Rachel spent the afternoon studying with three of her friends at their flat; how she returned to her hall of residence in the evening to phone her parents and study for the next day's lectures; how some time later John came to her room

and they had what was at first an amicable conversation; how John asked her if she would like to join him for a drink that evening which she declined; and how they began to argue. The situation culminated in John either sexually or physically assaulting her. The six different types of scenarios differed only in their descriptions of the relationship between John and Rachel, and the outcome of the interaction between them. Other than the few words used to describe the relationship or type of assault the scenarios did not differ in any way.

Each subject was given a handout and asked to read through the scenario and answer all the questions that followed. Subjects were advised that there were no right or wrong answers and that they should try to answer as honestly as possible. Subjects were also advised that once the handouts were returned, individual subject's responses would be unidentifiable.

Subjects were classified as traditional or egalitarian using two different methods, dependent upon their score on the Attitude Toward Women Scale (ATWS) (1-45). The initial classification used a simple split at the median into a low ATWS1 group (≤ 36 , $N=125$) and a high ATWS1 group (≥ 37 , $N=115$). Low scores on the ATWS signify more traditional attitudes towards gender-roles, and high scores on the ATWS signify more egalitarian attitudes towards gender-roles.

RESULTS

Data were analysed by use of a factorial MANOVA. Independent variables were assault type (sexual or physical assault), victim/defendant relationship (boyfriend, one date, or stranger), subject gender (male or female) and score on the Attitude Toward Women Scale (ATWS1)⁵⁶.

⁵⁶ Attitude Toward Women Scores were included as independent variables as there were found to be no significant effects of the type of scenario presented on these scores.

Assault Type

The MANOVA produced a number of significant main effects for all the independent variables (see Table 4.1). The significant effects of assault type, indicate that: greater punishment (punish) was suggested for the defendant in the case of sexual assault than physical assault (5.60 vs. 4.97; $F(1, 216) = 37.48$, $p < .01$); greater trauma (trauma) was perceived for the victim of sexual assault (5.58 vs. 4.65; $F(1, 216) = 77.82$, $p < .01$); there was a greater perceived likelihood of the victim reporting (report) the incident to the police in the case of sexual assault (3.83 vs. 2.94; $F(1, 216) = 27.71$, $p < .01$); a greater perceived likelihood of both the victim (Vact) (5.13 vs. 4.65; $F(1, 216) = 13.10$, $p < .01$) and defendant (Dact) (4.10 vs. 3.85; $F(1, 216) = 3.87$, $p = .05$) acting differently if faced with a similar situation again in the case of a sexual assault; the defendants' friends were perceived as less understanding (Undst) (2.16 vs. 2.39; $F(1, 216) = 5.67$, $p < .05$), and the victim was perceived as less impulsive (Impls) (2.16 vs. 2.47; $F(1, 216) = 6.74$, $p < .05$) in the case of a sexual than a physical assault (see Table 4.1).

Subject Gender

Significant main effects of subject gender showed that males perceived the defendant's friends as being less likely to understand his actions (2.11 vs. 2.44; $p < .01$), and the victim as more likely to act differently if faced with a similar situation again (5.13 vs. 4.65; $p < .01$) than did females subjects (see Table 4.1).

Victim/Defendant Relationship

Significant main effects of victim/defendant relationship were found for the likelihood of both defendant ($F(1, 216) = 7.24$, $p < 0.01$) and victim ($F(1, 216) = 3.72$, $p < 0.05$) acting differently in a similar situation, and for the likelihood of the defendant's friends understanding his actions ($F(1, 216) = 3.22$, $p < 0.05$). Post-hoc Tukey tests ($q_{.05} = 5.47$; $q_{.01} = 8.48$) showed that for the likelihood of the defendant acting differently, the mean ratings for boyfriend (4.36), one-date (3.99), and stranger (3.58) were all significantly different from each other ($p < 0.01$), with the

defendant seen as more likely to act differently the closer the relationship between the defendant and the victim. For the likelihood of the victim acting differently the mean for stranger (5.16) differed significantly from one-date (4.72; $p < 0.01$) and boyfriend (4.78; $p < 0.01$), with the victim seen as less likely to act differently the closer the relationship between herself and the defendant. For the likelihood of the defendant's friends understanding his actions, the mean rating for stranger (2.08) differed significantly from one-date (2.31; $p < 0.05$) and boyfriend (2.44; $p < 0.01$), with the likelihood of friends understanding the actions of the defendant being higher the closer the relationship between the victim and defendant (see Table 4.1).

Attitude Toward Women

This MANOVA also showed a significant main effect of ATWS1 for victim naiveté. Subjects who held more traditional attitudes toward gender-roles perceived the victim as significantly more naive than did subjects who held more egalitarian attitudes (3.40 vs. 2.92; $F(1, 216) = 11.45$, $p < .01$) (Naive).

There were no main effects or interactions for attributions of responsibility. Means for this variable tended to be consistently low across conditions: male=1.55, female=1.55, physical=1.60, sexual=1.50, low ATWS1=1.62, high ATWS1=1.47, boyfriend=1.66, one-date=1.39, stranger=1.60 indicating an unwillingness on the part of subjects to assign blame to the victim. This being so, it may be the case that more information could be gained from the less direct questions concerning attributions toward defendant and victim.

Table 4.1.

MEANS AND P VALUES FOR SIGNIFICANT MAIN EFFECTS							
df=(1,216)	ASSAULT			OFFENDER			
	Phys.	Sexl.	P	Boyfr.	One Date	Stranger	P
Punish	4.97	5.60	0.000	-	-	-	-
Trauma	4.65	5.58	0.000	-	-	-	-
Report	2.94	3.83	0.000	-	-	-	-
Vact	4.65	5.13	0.000	4.78 ^{a**}	4.72 ^{b**}	5.16 ^{a**b**}	0.026
Dact	3.85	4.10	0.050	4.36 ^{**}	3.99 ^{**}	3.58 ^{**}	0.001
Undst	2.39	2.16	0.018	2.44 ^{a**}	2.31 ^{b*}	2.08 ^{a**b*}	0.042
Impls	2.47	2.16	0.010	-	-	-	-
* denotes a significant difference at $P < .05$ ** denotes a significant difference at $P < .01$							
	GENDER			ATWS1			P
	Male	Female	P	Low	High		
Vact	5.13	4.65	0.002	-	-	-	
Undst	2.11	2.44	0.009	-	-	-	
Naive	-	-	-	3.40	2.92	0.001	

Two-Way Interactions

The MANOVA produced a significant interaction between assault type and subject gender for the likelihood that the defendant would act without first considering the consequences ($F(1, 216) = 5.46, p < .05$). A post-hoc Tukey test ($q_{.05} = 6.59; q_{.01} = 9.68$) found that male subjects in the physical assault condition (4.13) were significantly less likely to think that the defendant would act without considering the consequences than did males in the sexual assault condition (4.60; $p < 0.01$), and female subjects in the physical assault condition (4.60; $p < 0.01$) (see Table 4.2). There was also a significant interaction between assault type and subject gender for perceived impulsiveness of the victim ($F(1, 216) = 9.34, p < .05$). A post-hoc Tukey test ($q_{.05} = 6.59; q_{.01} = 9.68$) found males in the physical assault

condition perceived the victim as significantly more impulsive than did subjects in all other conditions (2.63 vs 2.30, 2.27, 2.05; $p < 0.01$); and females in the physical assault condition perceived the victim as significantly more impulsive than males in the sexual assault condition (2.30 vs. 2.05; $p < 0.05$) (see Table 4.2).

The MANOVA also indicated a significant two-way interaction between ATWS1 and subject gender for perceived victim trauma ($F(1, 216) = 4.18$, $p < 0.05$). A post-hoc Tukey test ($q_{.05} = 6.59$; $q_{.01} = 9.68$) showed that egalitarian females perceived victim trauma as significantly more severe than did traditional females (5.24 vs. 4.98; $p < 0.01$) (see Table 4.2).

Table 4.2

MEANS AND P VALUES FOR SIGNIFICANT TWO-WAY INTERACTIONS					
	Physical Assault		Sexual Assault		P
	Male	Female	Male	Female	
Ocons	4.13 ^{a**b**}	4.60 ^{b**}	4.60 ^{a**}	4.32	0.020
Impls	2.63 ^{a**b**c**}	2.30 ^{b**d*}	2.05 ^{a**d*}	2.27 ^{c**}	0.030
	Male		Female		P
	Low ATWS1	High ATWS1	Low ATWS1	High ATWS1	
Trauma	5.06	5.13	4.98 ^{**}	5.24 ^{**}	0.042
* denotes a significant difference at $P < .05$ ** denotes a significant difference at $P < .01$					

Three-Way Interactions

The MANOVA also produced two significant three-way interactions. First, an interaction between assault type, ATWS1, and subject gender for the perceived likelihood of the victim acting differently if faced with a similar situation again ($F(1, 216) = 3.94$, $p < 0.05$). A post-hoc Tukey test ($q_{.05} = 9.20$;

$q^{.01}=12.45$) showed males in the sexual assault condition perceived the victim as significantly more likely to act differently than did subjects in all other conditions (5.76 & 5.31 vs. 4.80, 4.79, 4.78, 4.77, 4.73, 4.05; $p<0.01$), with egalitarian males (5.76) seeing the victim as significantly more likely to act differently than did traditional males (5.31; $p<0.01$). Also, traditional females in the physical assault condition felt the victim was significantly less likely to act differently than did subjects in all other conditions (4.05 vs. 4.73, 4.77, 4.78, 4.79, 4.80, 5.31, 5.76; $p<0.01$). Figure 4.1 displays the means for each subject group in this interaction.

There was also a significant three-way interaction between defendant/victim relationship, ATWS1, and subject gender for suggested punishment for the defendant ($F(2, 216) = 3.81, p<0.05$). A post-hoc Tukey test ($q^{.05}=10.67; q^{.01}=13.99$) found egalitarian females in the one-date condition and egalitarian males in the stranger condition suggested significantly more severe punishment than did subjects in all other conditions (5.63 & 5.62 vs. 5.45, 5.34, 5.29, 5.26, 5.22, 5.20, 5.19, 5.12, 4.77; $p<0.01$). Also, traditional females in the one-date condition suggested significantly less severe punishment than did subjects in all other conditions (4.77 vs. 5.12, 5.19, 5.20, 5.22, 5.26, 5.29, 5.34, 5.45, 5.62, 5.63; $p<0.01$); and egalitarian males in the one-date condition (5.45) suggested significantly more severe punishment than both egalitarian (5.20; $p<0.05$) and traditional males in the boyfriend group (5.12; $p<0.01$), and egalitarian females in the stranger group (5.19; $p<0.05$). Figure 4.2 shows the means for each subject group in this interaction.

Figure 4.1

THREE- WAY INTERACTION FOR THE LIKELIHOOD OF THE VICTIM ACTING DIFFERENTLY

$F(1, 216) = 3.94 \quad P < 0.05$

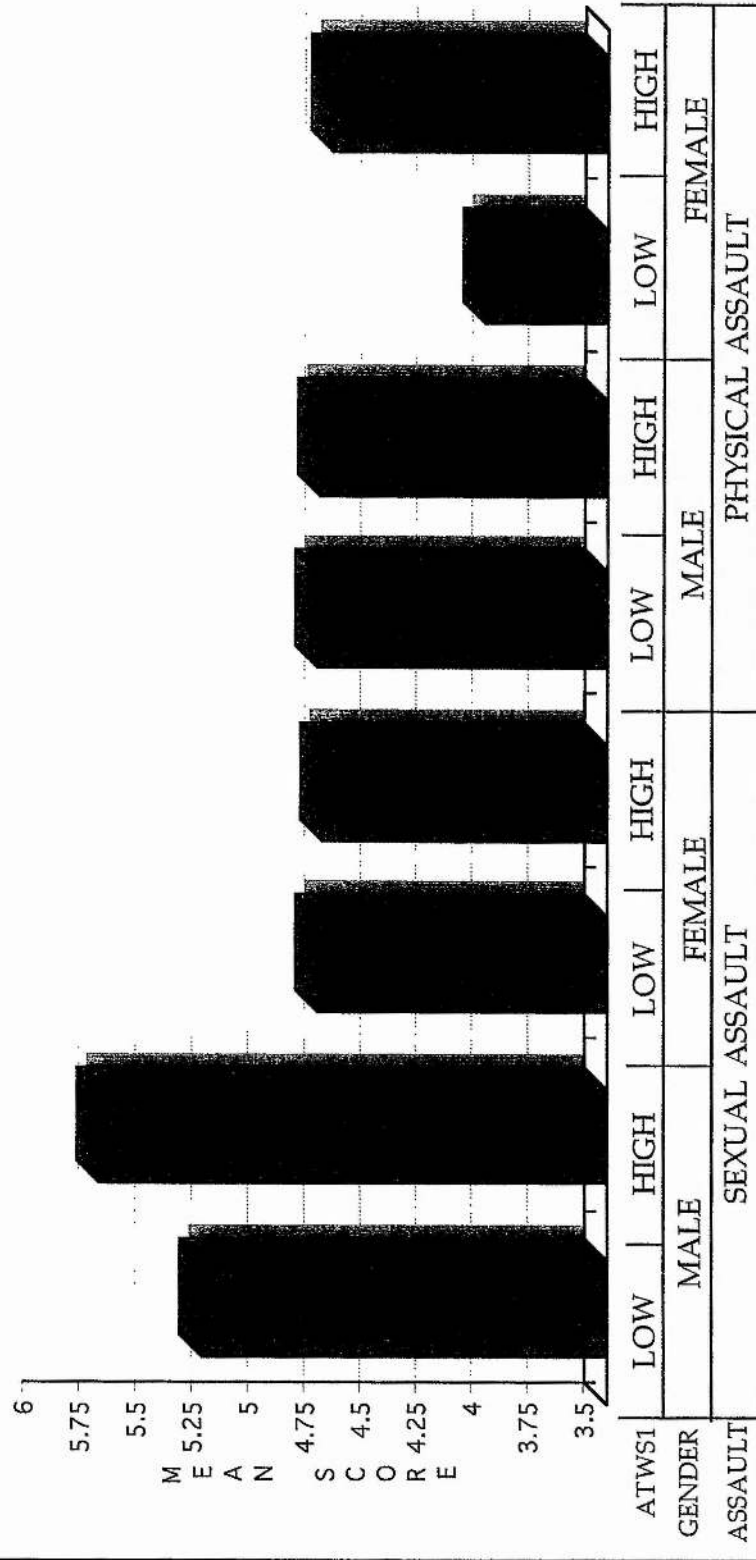
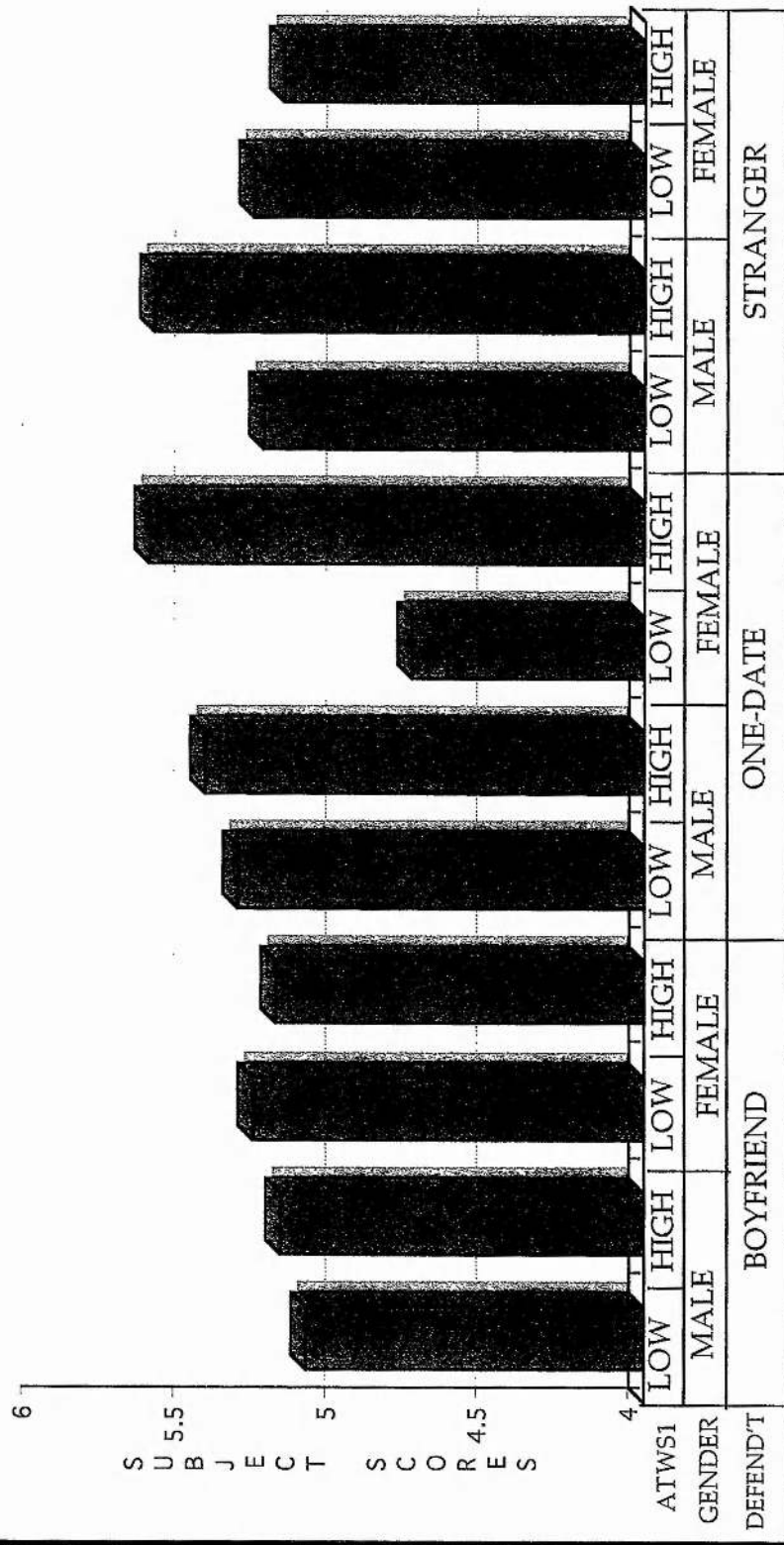


Figure 4.2

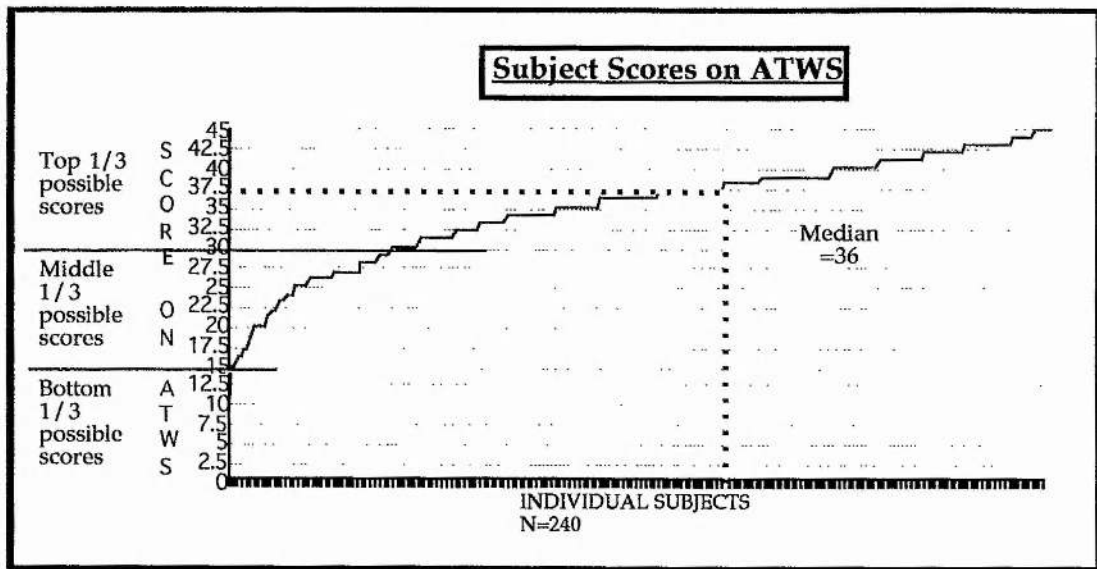
THREE- WAY INTERACTION FOR DEFENDANT'S SUGGESTED PUNISHMENT

$F(2, 216) = 3.81, P < 0.05$



Due to the fact that subject scores on the ATWS were positively skewed, with the majority of subjects (77%) scoring within the top third of possible scores on the ATWS (Figure 4.3), a second, more sensitive division was made. For Classification B, the low ATWS2 group included the minority of subjects whose scores within the lower two-thirds of possible scores (≤ 30 , $N=56$), and the high ATWS2 group included the majority of subjects whose scores were above this point (≥ 31 , $N=184$) (see Figure 4.3). A second MANOVA was conducted on the data using this second classification.

FIGURE 4.3

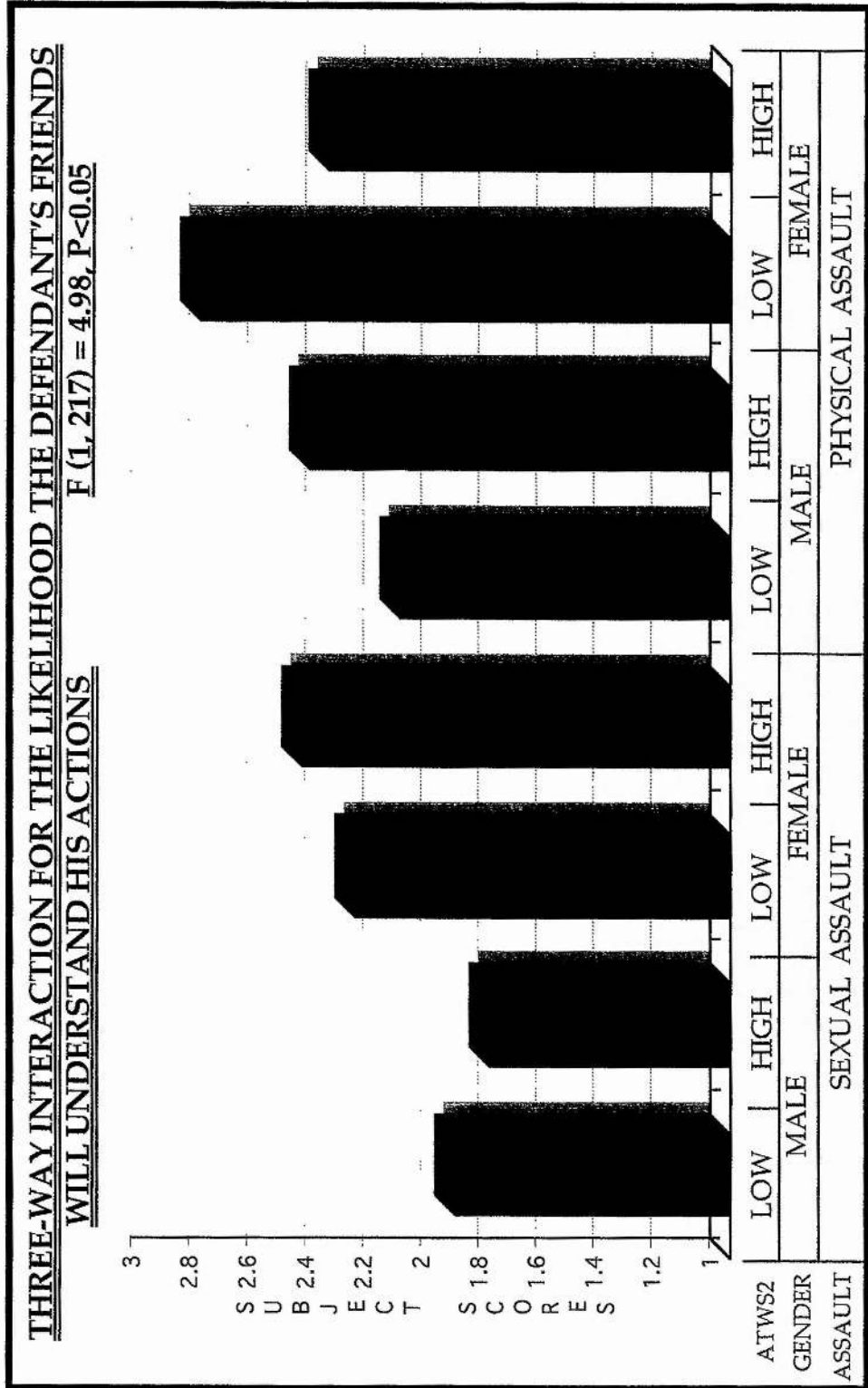


Utilising this more sensitive split of subjects scores on the ATWS, MANOVA 2 produced two additional main effects. Subjects with more egalitarian attitudes suggested significantly more severe punishment for the defendant (5.34 vs. 5.13; $F(1, 217) = 8.08$, $p < .01$), and perceived the victim's trauma as significantly more severe (5.20 vs. 4.84; $F(1, 217) = 4.86$, $p < .05$) than did subjects who held more traditional attitudes towards gender-roles.

MANOVA 2 also showed a significant three-way interaction between

assault type, ATWS2, and subject gender for perceived likelihood that the defendant's friends would understand his actions ($F(1, 217) = 4.98, p < 0.01$). A post-hoc Tukey test ($q_{.05} = 9.20; q_{.01} = 12.45$) showed traditional females in the physical assault condition thought that the defendant's friends would be significantly more likely to understand his actions than did subjects in all other conditions (2.83 vs. 2.48, 2.46, 2.39, 2.30, 2.14, 1.95, 1.83; $p < 0.01$). Also, traditional (1.95) and egalitarian (1.83) males in the sexual assault condition, and traditional males in the physical assault condition (2.14) thought the defendant's friends would be significantly less likely to understand his actions than did subjects in most other conditions. The group means for this interaction are shown in Figure 4.4.

Figure 4.4.



DISCUSSION

Assault Type

The hypothesis that attributions for a non-sexual crime would differ from those made for a sexual crime was supported. Greater punishment was suggested for the defendant in the case of sexual assault which may be related to the additional finding that victim trauma was seen as significantly more severe for sexual assault. The victim was also seen as significantly more likely to report a sexual crime to the police than a non-sexual crime, and subjects suggested that the defendant's friends would be less likely to understand his actions in the case of a sexual assault than a non-sexual crime. Although likelihood of reporting a sexual assault compared to a non-sexual assault may not reflect the situation in real-life (e.g., McLaughlin, Dobash & Dobash, 1990), it is consistent with the view that crimes which are perceived as being more serious are also perceived as being more likely to be reported to the police.

In contrast to previous studies (e.g., Bridges & McGrail, 1989), this study found no significant effects for victim responsibility, perhaps due to the fact that attributions of responsibility were consistently low. It is possible that the question concerning victim responsibility was too direct for this particular subject population, resulting in a general unwillingness on the part of subjects to be seen as 'blaming' the victim for the crime. However, subjects were also asked whether they felt the victim or defendant would have acted differently if faced with a similar situation again, which can be seen to examine the level at which subjects believe the person's behaviour is attributable to stable or unstable characteristics. Looking at these variables it can be seen that both victim and defendant behaviour was attributed more to stable characteristics in a non-sexual than sexual assault. The victim was also seen as being more impulsive in the non-sexual than the sexual assault.

These results suggest that whilst viewing the sexual assault as being more serious and traumatic, and less understandable, subjects were more likely to see

it as related to unstable characteristics of both the victim and defendant. In other words, subjects appear to be especially likely to view the behaviour that leads to the commission of a sexual assault as related to situational factors rather than stable character traits. This suggests that jurors in a case of sexual assault may be more likely to attend to situational factors, which may or may not be relevant to their verdict, than jurors in a case of non-sexual assault. Also, attributions to unstable characteristics may lead jurors and Judges in cases of sexual crimes to be less likely to view the defendant as a possible recidivist than in cases of non-sexual crimes.

Subject Gender and Societal Attitudes

The second hypothesis, that attitude toward gender-roles would interact with subject gender was also supported. Two main effects were found for subject gender, with males being more likely to attribute the victim's behaviour to unstable characteristics and less likely to perceive the defendant's friends as understanding his actions than did female subjects. This second result might suggest a greater unwillingness on the part of males to view the defendant's behaviour as understandable due to a desire to distance themselves from such behaviour. Female subjects, on the other hand, may not feel such a need to discriminate between the behaviour of the defendant and the behaviour of other males.

Subject gender interacted with assault type to produce differences between the level at which males and females made negative attributions about the defendant (to see the defendant as likely to act without considering the consequences of his actions) and victim (to see her as impulsive) in the case of physical assault. There were no significant differences, however, between males and females in the sexual assault condition. Examination of these results suggests that the attributions made by males are less negative toward victims, and more negative toward defendants in the case of sexual assault bringing them

closer to the attributions made by females. In other words, the type of assault may only significantly affect the attributions of males and not females.

Both variables that produced main effects for subject gender also showed significant three-way interactions between subject gender, assault type, and attitude toward gender-roles. First, it was found that traditional females in the physical assault condition were significantly more likely to attribute the victim's behaviour to stable characteristics than females in all other conditions. However, there was no difference between traditional and egalitarian males. In the case of sexual assault, males were more likely than females to make attributions to unstable characteristics, with egalitarian males being significantly more likely to do so than traditional males. This supports to some extent Howard's (1984) finding that traditional individuals are more likely than egalitarian individuals to make attributions to stable characteristics of female victims.

For perceptions of the likelihood of the defendant's friends understanding his actions, the interaction indicated that for sexual assault it was the case that females scored significantly higher (perceived them as more likely to understand) than males. In the case of physical assault on the other hand, there was no difference between egalitarian males and females, whereas traditional females scored significantly higher than traditional males. These results suggest not only that more information may be gained about the exact nature of subject gender differences through the examination of societal attitudes, but also that gender-role attitude might function differently for males and females depending on whether the assault was of a sexual or non-sexual nature. Specifically, it appears that whilst in the case of a sexual assault the obvious difference lies between the genders as has been previously found (e.g., Howells et al., 1984; Macrae & MacLeod, 1988; Wyer et al., 1985); for non-sexual assaults, it may be necessary to analyse subjects' societal attitudes in order to tap into attributional differences.

Attitudes toward gender-roles alone produced three significant main effects. Traditional subjects suggested significantly lower punishment for the defendant, saw the victim as significantly more naive, and perceived the victims' trauma to be significantly less severe than egalitarian subjects. Previous studies have shown that less punishment is generally suggested for defendants when the victim was seen as less respectable (e.g., Kanekar & Kolsawalla, 1980; L'Armand & Pepitone, 1982). Therefore, egalitarian subjects may be less likely to see an individual's behaviour as less respectable, and therefore more likely to suggest severe punishment for defendants. In fact, egalitarian subjects may also be less likely to look at the victim's character to explain an assault, and possess a better understanding of sexual violence. This being so, the effects of attitude toward gender-roles on attributions should not be discounted in any examination.

Indeed, in line with the main hypotheses, the results indicate that societal attitudes not only produce additional effects not seen through simple analysis of subject gender, but also interact with subject gender. However, the hypothesis that the relationship between attributions and societal attitudes would be stronger for sexual than non-sexual crimes was not supported. In fact, what the results indicate is that an interaction between subject gender and societal attitudes exists for both assault types, although the exact nature of this interaction differs between sexual and non-sexual assaults. A possible explanation for this may be that in the case of sexual crimes, subject gender exerts a stronger influence on the nature of the interaction than in non-sexual crimes. This is not to say that societal attitudes have less of an effect in the case of sexual crimes, only that the gender differences that have previously been noted for attributions in sexual crimes (e.g., Macrae & MacLeod, 1988) may also be exerting a strong influence.

Victim/defendant Relationship

The three main effects of defendant/victim relationship showed that the type of attributions made about victims and defendants differed depending upon the stereotypicality of the assault scenario. Specifically, the defendant's behaviour was more likely to be attributed to stable characteristics, the victim's behaviour was less likely to be attributed to stable characteristics, and the defendant's friends were seen as less likely to understand his actions when the defendant and victim were strangers rather than when they had had one date or were in a long term relationship. These results suggest that the assault of a stranger is more likely to be seen as caused by intrinsic characteristics of an 'abnormal' type of man than would the assault of non-strangers. This finding is in line with other studies that suggest that sexual assault between acquaintances and sexual assault between strangers are perceived differently (e.g., Klemmack & Klemmack, 1976; Tetreault & Barnett, 1987).

The final hypothesis, based on the suggestion of Howard (1984), was that the effect of societal attitudes would be more pronounced in stereotypical assault scenarios (i.e., where the defendant and victim were unacquainted). The three-way interaction between defendant/victim relationship, subject gender, and attitude toward gender-roles for suggested punishment for the defendant was consistent with this hypothesis. There was no effect of subject gender or attitude toward gender-roles in the least stereotypical scenario of assault (i.e., between a boyfriend and girlfriend). However, there was a significant interaction between subject gender and attitude toward gender-roles in the more stereotypical scenarios of one-date and stranger relationship. Specifically, traditional females in the one-date condition suggested significantly less severe punishment than did subjects in all other conditions, and that traditional males in the stranger condition suggested significantly less severe punishment than egalitarian males in the same condition.

Whilst this supports the hypothesis, the interaction between

stereotypicality of assault and attitude toward gender-roles in the present study may be related to the nature of the scenario (i.e., one in which the victim voluntarily allowed the assailant into her room). Traditional individuals may feel that it was imprudent for the victim to allow the assailant into her room when she was not in an ongoing relationship with him, whereas egalitarian individuals might feel that this was not a factor of importance. For male subjects, the results suggest that this difference is most apparent in a stranger rape scenario, whereas for females it appears that this difference is most apparent in the one-date condition. Alternatively, or perhaps in addition to this possibility, it may be the case that traditional females perceived the one-date scenario as the most ambiguous, whilst they perceived no ambiguity in the stranger condition, and no imprudence in the boyfriend scenario. It should be assumed, therefore, that whilst the present study might provide evidence for an interaction between attitude toward gender-roles and assault characteristics, no assumption can be made about the exact effect of the *stereotypicality* of the assault.

Study 2

The Effect of Information Presentation upon Negative Attributions Towards Rape Survivors

INTRODUCTION

A large quantity of research has been carried out into the attitudes and attributions of others toward survivors of rape (see Chapter 3). Such research has highlighted certain factors which can lead to less blame or responsibility being assigned to the victim (e.g., the offender being a stranger rather than known to the victim: Bridges & McGrail, 1989; Check and Malamuth, 1983; Johnson and Russ, 1989; Kanekar & Seksaria, 1993; the victim physically resisting the assailant: Branscombe & Weir, 1992; and the victim being physically injured during the assault: Krulewitz & Payne, 1978).

It appears that those factors which lead to more positive attributions are in line with a stereotypical view held by a large proportion of the general public concerning what rape is (i.e., that 'real rape' is only committed by certain types of men and always involves violence; that only certain types of women can be raped; and those women who didn't precipitate the rape will always physically resist the assailant - see Allison & Wrightsman, 1993). Research (e.g., Dye & Roth, 1990; Holmstrom & Burgess, 1978) has also shown that these rape stereotypes may also be held by those professionals with whom rape survivors come into contact should they decide to report the crime (i.e., medical and psychiatric professionals, police, and members of the Criminal Justice System). It has also been found that victim-blaming attitudes are strongly correlated with more general attitudes toward women (e.g., Costin, 1985; Fischer, 1987; Willis, 1992).

A number of studies have found that self-blame is not only common amongst rape survivors but also has a negative effect on recovery from rape-related trauma (Frazer & Schauben, 1994; Meyer & Taylor, 1986; Porter, Blick, &

SgROI, 1982; Sturkie, 1983), and that the attributions made by survivors are affected by the attitudes expressed by the individuals with whom survivors interact post-assault (Coates et al., 1979; Harvey et al., 1991). This being so, if survivors experience attitudes of disbelief or victim-blame from the friends, family, police, and medical or legal professionals with whom they come into contact, this is likely to have a negative effect on their recovery by compounding their own negative beliefs about themselves (Feild, 1978; Ledray, 1990; Mazelan, 1980; Russell, 1984).

The presence of misinformed stereotypes about sexual violence may also lead to a number of other problems within society. Their existence among the general population may lead to individuals not being aware of who they are most at risk from (Koss et al. reported in 1987 that 84% of rape victims know their attacker). It may also lead to individuals not recognising their experience as rape if it does not conform to their stereotype of rape (Burt and Albin, 1981; Koss, 1985; Koss et al., 1987). Such problems are likely to affect the likelihood of survivors reporting the rape to the police (Feldman-Summers & Norris, 1984; Koss et al., 1988).

The need for research into methods of altering false beliefs about rape was first emphasised by Malamuth & Donnerstein (1984), and various studies have since examined the efficacy of rape education programmes within college student populations (e.g., Bailey, 1985; Borden, Karr & Cadell-Colbert, 1988; Fonow, Richardson & Wemmerus, 1992; Lenihan, Rawlins, Eberly, Buckley & Masters, 1992; Malamuth & Check, 1985). The vastly differing levels of success seen in these studies may partly be due to differences in the type of information provided.

Research into attitude change suggests there are a number of issues that need to be taken into account when creating effective intervention programmes, one of which is the receiver's personal involvement in the issues. The Elaboration Likelihood Model (Petty & Cacioppo, 1981; 1986a; 1986b) states that a

high-involvement receiver will follow a central route when processing information, which involves careful thought about the issue, indepth examination of arguments presented and mental elaboration on the issue. Low-involvement receivers, on the other hand, will follow a peripheral route which involves little or no elaboration and is a much more superficial analysis of the material presented (Chaiken, 1980; Laberge, 1975; Langer, 1978; Petty & Cacioppo, 1981; Schneider & Shiffrin, 1977; Shiffrin & Schneider, 1977). This being so, it might be the case that the high-involved receiver would respond better to a more indepth discussion of the issue, whereas the low-involvement receiver might respond better to a more straight-forward presentation of facts. It might also be the case that females would feel more highly-involved in the issue of sexual violence (as they are more likely to be the victims of sexual violence than males).

It is also possible that the effectiveness of programmes concerned with attitude change is partly dependent upon the terminology used. The legal system and media use the word 'victim' to describe those people who have a criminal act done to them, including women who are raped or sexual abused. Support agencies, however, prefer the use of the word 'survivor' to describe these same women. These agencies believe 'victim' portrays women in a negative light, suggesting perhaps that no attempt was made to resist assault and a very passive, defeatist attitude to recovery and the rebuilding of their lives post-assault. These agencies believe that the use of this negative term may not only affect the way others perceive women who have been raped or abused, but may also enhance these women's negative view of themselves. An acceptance of the possibly negative connotations of the word 'victim' has been mentioned in research (e.g., Muehlenhard, Powch, Phelps, & Guist, 1992), although there appears to have been no formal investigation of it's possible effects.

Finally, it has also been found that individuals who are acquainted with a rape survivor tend to show a heightened empathic response to other rape

survivors (Barnett et al., 1992). This individual difference between subjects, therefore, might also predict more positive attitudes towards rape survivors.

The present study, therefore, sets out to examine the effectiveness of different types of information and terminology in achieving attitude change. Three different types of information were presented to subjects: (1) a summary of statistical information concerning the prevalence and dynamics of rape, (2) a discussion of rape myths and the feminist perspective on sexual violence, and (3) a combination of statistical and discursive information. Information presented also differed depending upon whether the word 'victim' or 'survivor' was used to describe women who experienced rape or sexual abuse. In addition, the relationship between attitude toward rape survivors and attitude toward gender-roles, and acquaintance with a rape survivor was also examined. All subjects completed the Attitude Toward Rape Victims Scale (ARVS) (Ward, 1988) and the Attitude Toward Women Scale (ATW) (Spence & Helmreich, 1978).

Experimental hypotheses are:

- (i) Presentation of statistical information would have a greater effect upon the attitudes of males as they would feel less personal involvement in the issue of sexual violence, whereas presentation of discursive information would have a greater effect on females as they would feel more personal involvement in the issue of sexual violence. However, presentation of a combination of both types of information would show the greatest effect of attitude change for all subjects.
- (ii) Use of the word 'survivor' would increase positive effects of both types of information as compared to use of the word 'victim'.
- (iii) Males compared to females, and individuals with traditional compared to egalitarian attitudes, would have more negative attitudes towards survivors of sexual violence.
- (iv) Acquaintance with a rape survivor would be related to more positive attitudes towards rape survivors.

SUBJECTS

Subjects were 210 (105 male and 105 female) first and second year undergraduate psychology students. Ages ranged from 17 to 35 years with a mean age of 18 years. Subjects were recruited to the experiment on a voluntarily basis. 62 (29.5%) of the 210 subjects responded that they were acquainted with a rape victim. 37 (35.2%) of the female subjects responded that they were acquainted with a victims, and 25 males (23.8%) were acquainted with a victim.

DESIGN

This study had a 2 (male vs. female) x 3 (type of information presented) x 2 (type of terminology used) between subjects design. This provided twelve conditions. Fifteen subjects were randomly assigned to each of these twelve conditions dependent upon gender. There were also two control conditions (comprising 15 male and 15 female subjects) in which no information was provided. These were included to provide base level scores.

Scores on the ARVS were calculated as a total. 17 questions on the ARVS involve statements of rape myths (e.g., *"Women often claim rape to protect their reputation"*), and 8 questions relate to reality (e.g., *"Any female may be raped"*). In view of the possibility that subjects may be more likely to accept truth than discount myth, or *vice versa*, scores for these two groups of questions were also calculated separately.

MATERIALS

Experimental handouts were compiled for presentation to subjects. These started with one of the three types of information (other than in the control condition).⁵⁷ The passages of statistical and discursive information were matched for word number and issues covered, and the combined information involved simple presentation of both sheets of information. Handouts included the ARVS and ATWS (counterbalanced in order of presentation for half the

⁵⁷ For materials see Appendix 2.

subjects). Finally, subjects were asked their gender, age, and whether they were acquainted with a survivor.

METHOD

Subjects were asked to participate in the experiment at the end of a weekly practical psychology class. Each class was approached by the same experimenter. Subjects were informed that the experiment was part of a post-graduate research programme, and although their participation would be greatly appreciated it was not in any way compulsory.⁵⁸ Subjects were each given a handout and asked to read the page/s of prose at the beginning (if their handout included prose) and then answer all the questions which followed. Subjects were encouraged to answer the questions as honestly and swiftly as possible. Subjects were also given reassurance that handouts could not be traced back to individuals. The experiment took between 10 and 25 minutes for individuals to complete, and once all completed handouts were returned to the experimenter, subjects were thanked for their help, and asked not to discuss the experiment with other students who may not yet have taken part. Finally, subjects were advised that if they wished to discuss any of the issues raised in the handout they were welcome to approach the experimenter.

RESULTS

Data were first analysed using a number of two-way ANOVAs to examine for experimental effects of subject gender and information provision (control vs. statistics vs. discussion vs. statistics plus discussion) on ARVS total, myth and reality scores.⁵⁹ These ANOVAs produced significant main effects for subject gender. For Total ARVS scores males scored significantly higher than females (20.17 vs. 12.12; $df(3, 202) = 47.24, p < .01$), for Myth ARVS scores males again

⁵⁸ Only one individual declined to take part as she felt it would take her too long to complete due to dyslexia.

⁵⁹ Separate ANOVAs, rather than a MANOVA, were carried out on these measures as the 'myth' and 'reality' scales are subsets of the total scale and do not represent separate independent measures.

scored significantly higher than females (30.0 vs. 25.0; $df(3, 202) = 35.94, p < .01$), and for Reality ARVS scores males scored significantly lower than females (25.0 vs. 28.0; $df(3, 202) = 37.45, p < .01$). These scores indicate that males hold more negative attitudes towards rape victims than do females.⁶⁰

There were no significant main effects of information provision. In other words, ARVS scores did not differ between controls and information groups, or between different information types. There were also no significant interactions between subject gender and information provision. As there was no significant difference between experimental groups and controls, controls were removed from further analysis. In order to examine for any effects of the type of terminology presented within information, and any possible interactions between subject gender, information type (statistics vs. discussion vs. statistics plus discussion), and terminology (victim vs. survivor), further three-way ANOVAs were carried out. However, no significant main effect of terminology type, and no interactions between subject gender, information and terminology were found.

Finally, the relationship between the scores on the Attitude Toward Women Scale (ATWS), acquaintance with a rape victim and ARVS scores was examined. Stepwise multiple regression⁶¹ analysis was carried out to examine which variables predicted subject scores on the ARVS. Table 4.3 summarises the results of the regressions carried out for ARVS total scores, myth scores, and reality scores. It can be seen from this table that ATWS scores were the greatest significant predictors of ARVS followed by subject gender. Personal acquaintance with a survivor did not predict ARVS scores. For both the ARVS total scores, and 'myth' scores, traditional as opposed to egalitarian attitudes towards women, and being male as opposed to female predicted low scores (more negative

⁶⁰ Higher scores on ARVS Total and ARVS Myth, and lower scores on ARVS Reality represent more negative attitudes towards rape victims.

⁶¹ This type of multivariate analysis was carried out as it allows raw scores on the ATWS to be entered, rather than requiring subjects to be assigned to distinct groups dependent upon their scores.

attitudes). For the ARVS 'reality' scores, egalitarian as opposed to traditional attitudes toward women, and being female as opposed to male predicted higher scores (more positive attitudes).

Table 4.3 - SUMMARY OF REGRESSION ANALYSIS

SIGNIFICANT PREDICTORS OF ARVS SCORES				
Dependent Measure	Predictor	Beta	Adjusted R ²	Sign. of T
ARVS Total Score	ATW	-0.53	0.44	0.000**
	Gender	0.23		0.000**
ARVS Myth Score	ATW	-0.51	0.38	0.000**
	Gender	0.19		0.002**
ARVS Reality Score	ATW	0.41	0.31	0.000**
	Gender	-0.24		0.000**
* = 95% significance level ** = 99% significance level				

DISCUSSION

The results of the present study showed that presentation of information and type of information presented did not significantly affect attitudes towards survivors of sexual violence. This finding may have important implications for attempts to alter public opinion and facilitate education, or it may be due to methodological issues related to the design of this study. These possibilities will be considered in turn.

The methodology employed may have led to the lack of significant results concerning improved attitudes. It is possible that there was a ceiling effect for subjects in that their attitudes towards survivors may have already been relatively positive, and the information provided was not sufficient to produce any further change. A ceiling effect might also have been produced by subjects

providing the responses they thought were expected, as opposed to their actual attitudes. Less direct methods of testing attitudes might overcome this possibility. It is also possible that subjects' expectations would have been different had the experimenter been male rather than female.

The lack of effects for information presentation may, however, suggest that the presentation of written information is not sufficient to alter attitudes. It may be the case that subjects require to be provided with information on repeated occasions, in order to obtain attitude change through a cumulative effect, and allow subjects to consider the implications of the information provided before testing on the ARVS. Unfortunately, it was not possible in the present study to attempt either of these, due to the difficulty in obtaining this number of subjects for repeated testing sessions.

If it is the case that more intensive, repeated or interactive forms of education are required, this suggests that distributing printed leaflets may not be adequate to produce more positive attitudes, and it may be necessary to continually present individuals with further information over time about the realities of sexual violence in order to raise awareness. Perhaps more visual and impacting methods of education may be required such as television advertisements. Alternatively, it may be necessary to involve individuals in their education with the use of, for example, workshops. This may help make the information more personally relevant to the subjects, and give them the opportunity to argue and discuss points. If it is the case that the type of information presented was not sufficient to produce significant attitude change, it is also less than surprising that the terminology used in the information also did not produce significant results. Future research into suitable methods of attitude change might further examine the possible effects of terminology.

The results of the present study were in support of the third experimental hypothesis, that subject gender and attitude toward gender-roles would be related to attitude toward rape victims. It was found that being male and holding more

traditional attitudes towards women predicted more negative attitudes towards rape survivors. This result is in support of the findings of past research (e.g., Bridges & McGrail, 1989; Costin & Schwarz, 1987; Deitz et al., 1984; Howells et al., 1984; Jenkins & Dambrot, 1987; Johnson & Jackson, 1988; Lee & Cheung, 1991; Lottes, 1991; Macrae & MacLeod, 1988; Thornton et al., 1982; Ward, 1988; Willis, 1992; Wyer, Bodenhausen, & Gorman, 1985) and the results of the study presented earlier in this chapter. In fact it was found that attitude toward gender-roles was a greater predictor of attitude toward rape victims than subject gender. This supports the contention of study one, that attitude toward gender-roles is an important variable that must be taken into account in the examination of attributions or attitudes toward survivors of sexual assault.

This finding has important implications for the education of the public, prevention of secondary victimisation, and the workings of the Criminal Justice System. First, if males and individuals with traditional attitudes are more likely to hold negative attitudes towards rape survivors, then attempts at education might be best aimed at this group. Second, care should be taken that those individuals with whom survivors are likely to have contact shortly after their primary victimisation event (e.g., police, medical professionals), hold egalitarian attitudes towards women, and are, if possible female. This might reduce the likelihood that survivors will meet with negative attitudes. Finally, a significant attitudinal bias dependent upon gender and attitude might have important implications during jury deliberation and therefore, care should be taken that a fair mix of individuals and attitudes are represented.

Finally, acquaintance with a survivor of sexual violence was not found to predict more positive attitudes towards rape survivors in this study. Whilst this finding does not support those of Barnett et al. (1992), it may be related to the fact that the majority of those subjects who were acquainted with a survivors were female. Being female was found to significantly predict positive attitudes. Therefore, acquaintance with a survivor alone may not have significantly

predicted positive attitudes, but may be an additional reason why females showed more positive attitudes toward rape survivors than males.

GENERAL CONCLUSIONS

The two studies presented have provided a number of insights into the nature of attributions made about survivors of sexual violence, and the possibility of altering negative attitudes. Study one suggested that the nature of an assault (sexual and non-sexual) affects the kinds of attributions made about the victim and defendant. This finding is especially important as the presented scenario portrayed both the sexual and non-sexual assaults as resulting from an argument, and there was no suggestion of any level of sexual interaction or miscommunication between the victim and defendant immediately prior to the sexual assault. This suggests that even when it appears to have similar motivations to a physical assault, the sexual content in a sexual assault influences a range of subject attributions. This has implications for the Criminal Justice System, as it suggests that different factors might affect the decisions made by juries concerning sexual and non-sexual crimes. Specific care, therefore, does need to be taken when considering what type of evidence should be admissible in court. Also, the findings of study one suggest that the increased likelihood that survivors of sexual crimes, compared to survivors of non-sexual crimes, will meet with secondary victimisation might be related to the different manner in which people perceive these crimes, their victims and the defendants.

Both studies have also confirmed that examination of subjects' societal attitudes can provide a much more effective analysis of attributions, than examination of subject gender alone. Study two actually found attitudes toward gender-roles to be a greater predictor of negative attitude towards rape victims than subject gender. These studies have, therefore, are in support of the findings of Howard (1984), and suggest that attributions toward assault survivors should not, and indeed cannot, be fully examined without acknowledgement of the importance of societal attitudes. Also, these studies suggest that in order to prevent secondary victimisation it is not only important that those individuals

who interact with survivors post-assault (e.g., police and medical personnel) are female, but that they also hold egalitarian views.

The second study suggested that it may be the case that simple presentation of written information about the reality of sexual violence is not sufficient to produce attitude change. This being so, future research might concentrate on examining which methods of attitude change prove most effective for different subject populations, in order that negative attitudes towards survivors of sexual violence can be successfully altered. There remains the possibility that the lack of significant results regarding the presentation of information in the second study was due to methodological issues, such as the method of testing or materials provided. Should this be the case, the study has highlighted some methodological problems that should be taken into account in future research.

In conclusion, when examining the attributions made about crime, it is important to take into account not only subject gender and assault characteristics, but also the societal attitudes of the subjects. If this is not done, research studies are likely to continue to produce findings that are inconsistent, and possibly misleading. More extensive research is required into the exact nature of the interaction between these variables, and future studies should examine further the effects of societal attitudes on subject attributions. A full understanding of these relationships could provide invaluable information about how the societal attitudes of individual jurors (an attribute which is not taken into account during jury selection) might affect their decisions. Also, this understanding might help to pinpoint those issues on which society could be better educated in order to reduce the risk of secondary victimisation of crime victims by professionals, the Criminal Justice System, and public at large. However, in order to facilitate such education, it will be necessary for future research to overcome any methodological problems and ascertain how best attitude change can be brought about.

CHAPTER FIVE

Survey Study of the Effects of Sexual Victimisation

GENERAL INTRODUCTION

Discussion of the aftermath of sexual violence (see Chapter 3) has highlighted a number of issues that warrant research attention. The following chapters report the findings of a general public survey which was designed to examine the experiences of female survivors of sexual assault. Not only will this survey examine the psychological reactions of survivors of sexual crimes, but also how their reactions compare to victims of non-sexual crimes. The effect of sexual assault characteristics on recovery, the effect of survivor attributions and perceptions on recovery, and the actions and interactions of sexual assault survivors post-assault will also be examined. The data are presented in four sections, following which there is a general discussion which considers the overall effects of sexual violence, and the possible implications of this study for survivors, support providers and the Criminal Justice System. This introduction aims to explain the experimental methodology employed in the survey, and the subject population obtained.

In order to examine the effects of a criminal victimisation, it is necessary to gain the cooperation of a sample of victims who are willing to share their experiences and who are prepared to complete standard measures of health and psychological symptomatology. A variety of different methodologies have been employed by previous researchers to obtain a subject population for such purposes. Each of these methodologies has positive and negative attributes concerned with their effectiveness in gaining a representative sample of crime victims. On the whole, these methodologies fall into two main groups: those which pinpoint specific populations within society; and those which target a

random sample of the general population.

The specific populations which tend to be pinpointed by victimisation studies are: (i) individuals who report their victimisation to the police, (ii) individuals who require medical or psychiatric attention as a result of their victimisation, and (iii) individuals who seek support or counselling from voluntary agencies or support groups, e.g., rape crisis centres or victim support. Access to such populations can be obtained with the permission of these statutory and voluntary agencies, and then with the permission of the individuals involved. This methodology has the advantage of the ease with which the sample population can sometimes be obtained. However, due to the fact that not all crime victims will come into contact with such agencies, the data gained from such an approach cannot always be readily generalised to all victims. Nonetheless, if the aim of the study is specifically to examine, for example, the reactions of victims who require inpatient psychiatric treatment, or who interact with the Criminal Justice System, then such research strategies can provide important insights (e.g., Lanktree & Briere, 1995).

If the aim of the study is to include the reactions of criminally victimised members of the general public who have contacted none, or any, of these agencies, then it is necessary to employ a different methodology. General public surveys can obtain their subject populations in a number of ways. Either, members of the general public can be contacted by post or telephone (e.g., Bagley, 1989; Lamb & Edgar-Smith, 1994; Sorenson & Siegel, 1992), members of a large but specific population, such as University students, can be requested to participate (e.g., Himelein, 1995; Koss, 1988), or media advertisement can be used to request subjects to participate in the study (e.g., Ussher & Dewberry, 1995). Each of these approaches has the advantage of reaching a large representative sample of the population, however, some methods have certain advantages dependent upon the focus of the study.

The present study aims to acquire a representative sample of *all* female

crime victims in society, therefore, a student population was considered inappropriate. Furthermore, as the present study focuses on the experiences of survivors of sexual crimes. Therefore, a telephone survey was considered inappropriate as, not only will households without private telephones be immediately excluded, it also cannot be guaranteed that subjects could respond confidentially. As it is difficult to pinpoint a specific geographical area (i.e., a specific city) using media advertisements, and few forms of media equally reach all levels of society, it was decided that a postal survey design would be utilised.

DESIGN

The city of Dundee, Scotland, was chosen as a survey area due to its intermediate size and proximity. Subject names and addresses were obtained from the electoral register for this city which, although not containing the names and addresses for all residents, is a public domain document containing recent addresses for the majority of residents over the age of seventeen.⁶² Names were randomly selected from each housing district of the city, and a survey packet (see Appendix 2) was sent to each of these 750 subjects.

MATERIALS

Subjects were sent a survey packet which included a one-page personally addressed letter which explained the purposes of the research, assured subjects that their name had been selected randomly and that they had not been specifically targeted. The letter also explained that if subjects wished to participate all responses would be kept strictly confidential (see Appendix 2). Survey materials consisted of a two-part questionnaire. The first part of the questionnaire was relevant to all subjects, and included questions concerning demographics, fear of crime, perceived control, and crime experience; and also included the General Health Questionnaire-28 (GHQ-28), Just World Scale (JWS)

⁶² It was advantageous also that subjects contacted were over the age of seventeen years, as this prevented the need for parental consent for underage subjects to participate.

(Rubin & Peplau, 1975), and an eight-point concise trauma checklist.⁶³ The GHQ-28 was designed as a research measure of non-trauma specific general health, and comprises subscales for anxiety, depression, social dysfunction and somatic symptoms. It was included in order that comparisons could be made between subjects with differing crime experiences. The JWS was also included to allow the possibility of examining and comparing subjects' perceptions of how 'just' the world is, and the relationship between such perceptions, crime experience and recovery.

The second part of the questionnaire was relevant only to subjects who had experienced rape or sexual abuse. This included a large number of questions concerning their experiences; the Trauma Symptom Checklist-40 (Briere & Runtz, 1989) +3 additional questions⁶⁴ (TSCL); and the Impact of Events Scale (IES) (Horowitz, Wilner & Alvarez, 1979).

TSCL-40

The TSCL-40 is a revised form of the TSCL-33 (Briere & Runtz, 1987), with additional questions added to the sleep disturbance subscale to increase its reliability, plus a subscale examining sexual problems. The internal consistency of the TSCL-33 has previously been found to be high for both subscales (average $\alpha = 0.71$), and total score ($\alpha = 0.89$) (Briere & Runtz, 1989). A later study which utilised the TSCL-40 found that the total score had an internal reliability α score of 0.91. The six subscales produced α scores of: dissociation = 0.72, anxiety = 0.74, depression = 0.68, post-sexual assault trauma symptoms (PSAT) = 0.66, sexual problems = 0.72, sleep disturbance = 0.70 (Gold, Milan, Mayall & Johnson, 1994). The TSCL-40 was utilised in the present study due to the fact that it can be recoded to provide scores for the TSCL-33 which has been used to measure the symptomatology of both abused and non-abused samples examined

⁶³ This checklist was designed to cover trauma symptomatology, e.g., guilt, fear, nightmares, etc., which was not included in the GHQ-28.

⁶⁴ As the GHQ-28 covers the time period 7 days before measurement, and the TSCL-40 covers the two months before measurement, these three questions were included to measure symptomatology covered by the GHQ-28 but not the TSCL-40, in order to enable comparisons over time to be made. These three questions concerned the presence of suicidal thoughts.

in previous studies (see Briere & Runtz, 1989). Comparisons, therefore, can still be made with earlier research findings. The TSCL-33 also has the somewhat unique advantage of including a subscale for post-sexual abuse trauma. The fact that the full TSCL-40 has not been widely utilised to date, means that its use in the present study may provide insights into the validity of this scale, as well as comparison scores that could be utilised by future research.

IES

The IES has been found to have a high internal consistency (intrusion=0.78, avoidance=0.82; using Cronbachs alpha), and the two subscales were correlated at $p < 0.01$, suggesting a high level of association between the two scales although they measure different dimensions. Furthermore, retest reliability for the IES was found to be 0.87 for the total scores, 0.89 for the intrusion subscale and 0.79 for the avoidance subscale, suggesting that the validity of the scale is not specific to time of measurement (Horowitz et al., 1979). These factors, plus the fact that this measure has been frequently used to measure specific post-traumatic intrusive thoughts and avoidant behaviour symptomatology (e.g., Burge, 1988) that constitute criteria for the diagnosis of PTSD led to its use in the present study.

All subjects were requested to return the survey packet to the experimenter even if they did not wish to complete the questionnaire. Subjects were provided with a stamped-addressed return envelope in order that both completed and uncompleted materials could be returned at no cost to subjects.

Women who had experienced sexual crime were also asked whether they would be willing to be interviewed in more depth about their experiences.⁶⁵ The interview schedule included the questions from Part I of the questionnaire and indepth questions covering the same issues as Part II of the questionnaire (see Appendix 2 for survey and interview schedule). The same four measures that

⁶⁵ In order to obtain skills needed for interviewing survivors, the interviewer completed a college diploma course in counselling skills, before commencement of the study.

were included in the questionnaire were also completed by interviewees.⁶⁶

SUBJECTS

Of the 750 questionnaires packets sent out to randomly selected female residents of the City of Dundee, 53 packets were returned undelivered giving a sample size of 693. Of these 427 (61%) were returned. 266 (62.3%) of the returned questionnaires had part A completed which represents 38.2% of the total sample. 30⁶⁷ (11.3%) subjects who had completed part A, had also completed part B.

Subjects who completed part-one of the questionnaire fell into one of five crime experience groups: personal (sexual), personal (non-sexual), car, house, and no crime experience, dependent upon their life-time experience of crime. Assignment to groups was carried out such that all subjects who completed part two of the questionnaire were assigned to the sexual crime group⁶⁸ (N=30, 11.3%). Subjects who had experienced non-sexual crime against the person (i.e. physical assault or mugging), were assigned to the personal crime group (N=17, 6.4%). For the two property crime groups, those who had experienced car crime *only* were assigned to the car crime group (N=22, 8.3%), and subjects who had experienced house crime *only* were assigned to the burglary group (N=43, 16.2%). Of the remaining subjects, those who had had no experience of crime were assigned to the no crime group (N=134, 50.4%). The remaining subjects were excluded, either due to incomplete data, or because they had experienced car *and* house crime (N=20, 7.5%).

In order to obtain additional sexual assault subjects, the local Rape Crisis Centre agreed to approach women who used their service and ask if they would be prepared to complete a questionnaire, or be interviewed.⁶⁹ This produced

⁶⁶ These interviews were carried out in an appropriate setting in the School of Psychology at the University of St. Andrews. All subjects who were interviewed were reimbursed fully for travelling expenses.

⁶⁷ Five of these thirty subjects were also interviewed subsequent to completing the questionnaire.

⁶⁸ The two subjects who stated they had experienced sexual crime in part one of the questionnaire but did not go on to complete part two of the questionnaire were excluded from this group, due to the fact that full data was not held for this small group.

⁶⁹ These interviews were carried out in the Rape Crisis Centre, with the kind permission of the Rape Crisis Collective.

twelve additional subjects. Subjects gained from the Rape Crisis Centre were initially treated as a separate sexual assault group (N=12)⁷⁰.

Demographics for the five survey crime experience groups, and rape crisis sample are shown in Table 5.1. It can be seen from this table that the age of survey subjects ranged from 17-88 years, with an average of 43.67 years. The age range for DRCC subjects was somewhat lower at 16-56 years, with an average of 32.25 years.⁷¹ The majority (38.9%) of survey subjects were married, whilst the majority of DRCC subjects (41.7%) were single.⁷² Also, a higher proportion of sexual assault survey subjects were unmarried compared to other survey crime groups. Depcat ratings, taken as a measure of socio-economic status, showed a relatively even spread between 1 (high) and 7 (low) for survey subjects. Ratings for DRCC subjects were skewed towards to the lower end of the scale⁷³, as were sexual assault survey subjects in comparison to other survey crime groups. Survey subject demographics suggest that a wide representation of the population (age, marital status, SES) was obtained, and whilst DRCC subjects may not be comparable in demographics to the entire survey sample, they might be comparable to sexual assault survey subjects.

⁷⁰ Four of these subjects were interviewed, and eight returned questionnaires.

⁷¹ Average age of survey sexual assault subjects was 30.84, possibly suggesting a greater likelihood of younger women to disclose sexual assault.

⁷² This may be a function of their lower average age, though the possibility that this may be related to their victimisation experience should also be taken into account.

⁷³ This should not be taken as a suggestion that lower SES is related to sexual victimisation, only that these women may be more likely to seek support for rape or sexual abuse.

Table 5.1 - SURVEY AND DRCC SUBJECT DEMOGRAPHICS

SUBJECT DEMOGRAPHICS BY CRIME EXPERIENCE							
	ALL SUBJECTS	SEXUAL ASLT	PHYS'L ASLT	CAR CRIME	HOUSE CRIME	NO CRIME EXPERIENCE	DRCC SUBJECTS
AGE							
Mean	43.67	30.84	37.18	38.26	49.23	46.26	32.25
Standard Dev.	17.28	12.80	9.3	14.91	16.89	17.80	14.10
Range	17-88	19-59	20-52	20-68	20-80	17-88	16-56
Missing	10.0%	16.7%	5.9%	13.6%	9.3%	10.5%	0.0%
MARITAL STATUS							
Married	58.9%	33.3%	47.1%	59.1%	72.1%	61.9%	0.0%
Cohabiting	5.3%	10.0%	11.8%	0.0%	4.7%	4.5%	0.0%
In Relationship	5.7%	16.7%	11.8%	9.1%	2.3%	3.0%	33.3%
Separated	3.3%	3.3%	5.9%	9.1%	2.3%	2.2%	8.3%
Divorced	8.1%	20.0%	5.9%	0.0%	4.7%	8.2%	16.7%
Single	13.4%	16.7%	17.6%	18.2%	7.0%	13.4%	41.7%
Widowed	4.5%	0.0%	0.0%	0.0%	7.0%	6.0%	0.0%
Missing	0.8%	0.0%	0.0%	4.5%	0.0%	0.7%	0.0%
Depcat							
1	11.0%	3.3%	11.8%	13.6%	9.3%	12.7%	0.0%
2	15.4%	3.3%	5.9%	13.6%	25.6%	16.4%	0.0%
3	6.1%	10.0%	5.9%	4.5%	2.3%	6.7%	0.0%
4	11.4%	6.7%	5.9%	9.1%	14.0%	12.7%	16.7%
5	25.2%	26.7%	23.5%	36.4%	18.6%	25.4%	16.7%
6	16.7%	33.3%	23.5%	9.1%	23.3%	11.2%	8.3%
7	13.0%	16.7%	17.6%	13.6%	7.0%	13.4%	16.7%
Missing	1.2%	0.0%	5.9%	0.0%	0.0%	1.5%	41.7%

The design and materials for this study were passed by the School of Psychology Ethical Committee. Reassuringly, when asked why they had participated in the study a number of sexual assault survivors stated that completing the questionnaire, or being interviewed, had helped them: *"It was a relief to discuss it with someone who knows nothing about the case", "I felt it was fate that had this drop through the door and that it was time to face myself", "It helps to think about it instead of deny it happened", "[I participated] get some of the inner turmoil off my chest to someone I feel might understand, and much more perhaps care"* [Underlining in original].

METHOD

The survey was carried out between September and December 1995⁷⁴. Survey packets were dispatched in batches of one hundred, approximately one week apart, in order to gauge response rate. As surveys were returned they were coded and the measures scored. If subjects (from both the survey or DRCC) were willing to be interviewed, interviews were taped (if the interviewee agreed) and interview tapes were transcribed as soon after the interview as possible. If subjects were not willing to be taped, hand written notes were taken and these were subsequently transcribed and coded. Interviews were carried out between January and June 1996.

⁷⁴ There was a delay in dispatching the survey during this period due to a lengthy postal strike.

SECTION 5.2

Psychological Responses to Criminal Victimisation

INTRODUCTION

Research into psychological reactions to rape and sexual abuse has found a range of reported reactions.⁷⁵ These include anxiety, depression, fear, guilt, somatic problems, sleep disturbance, sexual dysfunction, and the development of PTSD (e.g., Bownes, Gorman & Sayers, 1991; Gold et al., 1994; Isac & Schneider, 1992; LRCC, 1988; Kilpatrick et al., 1981; Steketee & Foa, 1987).

In comparisons of the symptomatology of sexual assault survivors and individuals who have not experienced sexual assault, results generally indicate a significantly higher level of symptomatology in abused populations, regardless of the method by which the subject population was obtained. A study by Briere & Runtz (1989) found significantly higher symptomatology for abused than non-abused crisis intervention centre outpatients, on the Trauma Symptom Checklist-33 and its five subscales for anxiety, depression, dissociation, post-sexual assault trauma symptoms (PSAT-h) and sleep disturbance. Briere & Runtz also cited three other studies that had found similar differences using a variety of methodologies for gaining a subject population: i.e., a student survey (Cole, 1986); crisis intervention outpatients (Briere & Runtz, 1987); and a random community sample (Bagley, 1989).

Such studies not only reaffirm the existence of such trauma symptoms for survivors of sexual violence and the difference between levels of trauma for abused and non-abused individuals, but also suggest differing levels of symptomatology dependent upon where the subject population was drawn from. Specifically, the mean TSCL-33 totals for abused subjects drawn from crisis intervention centres: 39.97 (Briere & Runtz, 1989,) and 43.80 (Briere & Runtz, 1987); are higher than the mean totals for subjects drawn from a student

⁷⁵ See Chapter 3 for review.

population: 19.85 (Cole, 1986), or the general public: 23.22 (Bagley, 1989). This suggests that the symptomatology for those sexual assault survivors who seek support and intervention post-assault might be more pronounced than those within the general population who do not seek intervention.⁷⁶

A study utilising the more recent TSCL-40 found significant differences⁷⁷ between abused and non-abused subjects in a student survey (Gold et al., 1994). Despite the additional questions added to the TSCL-33 to produce the TSCL-40⁷⁸ the subject means in Gold's study were especially high in comparison to those cited by Briere & Runtz (1989). Specifically, the mean TSCL-40 total scores for non-abused subjects was 66.8, and for abused subjects scores ranged from 70.4 to 77.4 (dependent on the time of abuse). The high levels of trauma symptomatology for non-abused subjects suggests this subject group may have been drawn from a population where levels of symptomatology were generally high.⁷⁹ Nonetheless, the results of this study support those of other studies with regards to the high levels of symptomatology for abused as compared to non-abused individuals. In addition, they suggest that similar sampling techniques used on different populations might produce different base levels of symptomatology. It is necessary, therefore, to determine how the symptomatology of a sample population compares to those presented in other research in order to pinpoint any noticeable and unexpected differences.

The Impact of Events Scale (IES) formulated by Horowitz, Wilner & Alvarez (1979) was formulated to distinguish between the symptomatology of individuals who have experienced severely stressful life events, and those who have not. It uses two subscales which are developed specifically to examine the existence of intrusive thoughts (flashbacks, nightmares, reliving the experience) and avoidant behaviours (avoiding reminders of the experience). Horowitz et al.

⁷⁶ The reasons for this effect will be examined in Chapter 6.

⁷⁷ Significant differences were found for the total score, anxiety, depression, dissociation, PSAT-h, and sexual dysfunction subscales, though not for the sleep disturbance subscale.

⁷⁸ These extra questions provide a possible 21 additional points that can be scored on the TSCL-40 in comparison to the TSCL-33.

⁷⁹ It is not possible to discern the reason why this may be so from the information provided by Gold et al.

(1979) found significantly higher levels of symptomatology in stress clinic patients, than medical students (despite the fact that measurement of medical student symptomatology was taken after a potentially stressful event: their first cadaver dissection). Due to the stress reactions that have been observed in survivors of sexual violence (e.g., Ellis, Atkeson & Calhoun, 1981; Nadelson et al., 1982), this scale has since been used as an effective measurement of their symptomatology.

Due to the fact that the IES specifically examines reactions to a specific stressful event, it cannot effectively be used as part of a general survey, in which it would be hard to pin-point a specific stressful event to which subjects would be reacting. Studies, therefore, have tended to involve specific samples of intervention (police, medical, support) seekers. Such studies (e.g., Burge, 1988; Rothbaum, Foa, Murdock, Rigg & Walsh, 1992; Rowan et al., 1994) have found subject scores within sexually abused populations to be comparable to the stress clinic patient scores reported by Horowitz et al. (1979). This further verifies the stressful effects of sexual victimisation.

Many studies have found that a high number of survivors of sexual violence meet the diagnostic criteria for post-traumatic stress disorder (e.g., Bownes et al., 1991; Kilpatrick & Resnick, 1993). Although it has been suggested that rape survivors constitute the majority of PTSD sufferers (Steketee & Foa, 1987), PTSD has commonly been observed in other traumatised populations and it has been suggested to be a "*normal* reaction to an abnormal event" (Burge, 1988; p. 194). This, however, does not suggest that survivors who fail to meet the criteria for PTSD are not seriously affected by their experiences. Nonetheless, the ability to diagnose PTSD in survivors of sexual assault may have advantages within a number of fields. Specifically, it may allow medical and psychiatric professions to utilise intervention skills gained from working with other traumatised groups. Also, the fact that PTSD is not event-specific may allow the legal profession to draw on a wider range of legal precedents (Burge, 1988).

The aims of this study are to provide an indepth examination of the psychological reactions of female survivors of sexual violence to their victimisation. The symptomatology of survivors of sexual assault will be compared to those of other crime types in order to ascertain whether levels of symptomatology are higher for abused compared for non-abused subjects in the present study. This examination aims to verify the need for *specific* research into the aftermath of sexual crimes in comparison to other crime types. The symptomatology of survivors of sexual crimes in the present study will also be discussed as a whole, and in comparison to previous research findings. This will provide a basis of understanding of the psychological responses to sexual victimisation, in order that subsequent chapters might examine which factors act to exacerbate or dissipate symptomatology.

METHOD

Survey subject were split into five crime experience groups: sexual crime (N=30), personal crime (N=17), car crime (N=22), burglary (N=43), and no crime experience (N=134) (the basis of this split is discussed in the general introduction). Subjects gained from the Rape Crisis Centre were treated as a separate sexual assault group in this section (N=12).

Responses for all these subjects on the GHQ-28 and CTCL were scored using a 0, 1, 2, 3 scoring method. Higher scores indicate higher levels of symptomatology. Responses for those subjects in the sexual crime groups on the TSCL and IES were also scored, with a 0, 1, 2, 3, method for the TSCL and 0, 1, 3, 5, method for the IES. Once again higher scores indicate higher levels of symptomatology. The IES has commonly been used as a measure to predict PTSD symptomatology (e.g., Winje, 1996). Winje utilised a three-way split of scores on the two subscales on the IES to divide subjects into low (<9), medium (10-19) and high (>20) symptomatology groups. Winje suggested that subjects

who score highly on the sub-scales for intrusive thoughts or avoidant behaviours, exhibit predictive symptoms of PTSD. The number of subjects who showed high scores for the IES subscales was calculated also as a predictor of PTSD prevalence.

RESULTS

Comparison of Symptomatology between Crime Experience Groups

Non-parametric ANOVAs were carried out between crime experience groups (i.e., sexual assault - Rape Crisis population, sexual assault - survey population, non-sexual crime against the person, car crime, burglary, and no crime experience). Mean scores for each group on the GHQ-28, its subscales for anxiety, depression, social dysfunction and somatic symptoms, and the Concise Trauma Checklist-8 were compared between each group. Means for these groups, on these measures are shown in Table 5.2, with significant differences indicated (*= $p<0.05$; **= $p<0.00$).

On the GHQ-28 total score the DRCC subjects scored significantly higher than the sexual assault survey subjects ($df=1, 38$; $z=-3.86$; $p<0.00$), subjects who had experienced personal crime ($df=1, 25$; $z=-3.52$; $p<0.00$), car crime ($df=1, 32$; $z=-3.84$; $p<0.00$), burglary ($df=1, 49$; $z=-4.43$; $p<0.00$), and those with no crime experience ($df=1, 33$; $z=-4.69$; $p<0.00$). Sexual assault survey subjects scored significantly higher than subjects who had experienced burglary ($df=1, 65$; $z=-2.64$; $p<0.00$), and those who had no crime experience ($df=1, 149$; $z=-2.92$; $p<0.00$). No other groups showed significant differences.

For the anxiety subscale of the GHQ-28 DRCC subjects scored significantly higher than the sexual assault survey subjects ($df=1, 40$; $z=-2.72$; $p<0.00$), subjects who had experienced personal crime ($df=1, 27$; $z=-3.00$; $p<0.00$), car crime ($df=1, 32$; $z=-3.58$; $p<0.00$), burglary ($df=1, 53$; $z=-4.01$; $p<0.00$), and those with no crime experience ($df=1, 144$; $z=-4.41$; $p<0.00$). Sexual assault survey subjects scored

significantly higher than subjects who had experienced car crime ($df=1, 50$; $z=-2.34$; $p<0.05$), burglary ($df=1, 71$; $z=-2.75$; $p<0.00$), and those who had no crime experience ($df=1, 164$; $z=-3.53$; $p<0.00$). No other groups showed significant differences between scores.

On the depression subscale of the GHQ-28 DRCC subjects scored significantly higher than the sexual assault survey subjects ($df=1, 38$; $z=-3.10$; $p<0.00$), subjects who had experienced personal crime ($df=1, 25$; $z=-3.38$; $p<0.00$), car crime ($df=1, 32$; $z=-4.13$; $p<0.00$), burglary ($df=1, 49$; $z=-4.50$; $p<0.00$), and those with no crime experience ($df=1, 133$; $z=-4.83$; $p<0.00$). Sexual assault survey subjects scored significantly higher than subjects who had experienced car crime ($df=1, 48$; $z=-2.39$; $p<0.05$), burglary ($df=1, 67$; $z=-2.30$; $p<0.05$), and those who had no crime experience ($df=1, 149$; $z=-2.36$; $p<0.05$). There were no other significant differences between groups.

For the social dysfunction subscale of the GHQ-28, DRCC subjects scored significantly higher than the sexual assault survey subjects ($df=1, 38$; $z=-2.89$; $p<0.00$), subjects who had experienced personal crime ($df=1, 25$; $z=-3.19$; $p<0.00$), car crime ($df=1, 32$; $z=-2.80$; $p<0.00$), burglary ($df=1, 49$; $z=-3.39$; $p<0.00$), and those with no crime experience ($df=1, 133$; $z=-3.92$; $p<0.00$). None of the other subject groups differed significantly in their mean scores on this measure.

On somatic symptom subscale of the GHQ-28 DRCC subjects scored significantly higher than the sexual assault survey subjects ($df=1, 40$; $z=-2.47$; $p<0.05$), subjects who had experienced personal crime ($df=1, 27$; $z=-2.76$; $p<0.00$), car crime ($df=1, 32$; $z=-3.31$; $p<0.00$), burglary ($df=1, 53$; $z=-3.62$; $p<0.00$), and those with no crime experience ($df=1, 144$; $z=-4.14$; $p<0.00$). Sexual assault survey subjects scored significantly higher than subjects who had experienced car crime ($df=1, 50$; $z=-2.26$; $p<0.05$), burglary ($df=1, 73$; $z=-3.02$; $p<0.00$), and those who had no crime experience ($df=1, 162$; $z=-3.51$; $p<0.00$). No other groups showed significant differences between scores.

Finally, for the total scores on the Concise Trauma Checklist-8 DRCC

subjects scored significantly higher than the sexual assault survey subjects ($df=1, 40$; $z=-3.42$; $p<0.00$), subjects who had experienced personal crime ($df=1, 26$; $z=-3.92$; $p<0.00$), car crime ($df=1, 32$; $z=-4.32$; $p<0.00$), burglary ($df=1, 53$; $z=-4.78$; $p<0.00$), and those with no crime experience ($df=1, 143$; $z=-5.41$; $p<0.00$). Sexual assault survey subjects scored significantly higher than subjects who had experienced car crime ($df=1, 50$; $z=-2.80$; $p<0.00$), burglary ($df=1, 71$; $z=-3.45$; $p<0.00$), and those who had no crime experience ($df=1, 161$; $z=-4.20$; $p<0.00$). No other groups showed significant differences between scores.

The means for these crime experience groups, on these six measures are more clearly shown in Figure 5.1.

Psychological Symptomatology of Sexual Assault Survivors

Means were calculated for the thirty survey subjects, and twelve rape crisis subjects who had experienced rape or sexual abuse, for their scores on each of the four symptomatology measures. Wilcoxon Rank Sum W Tests indicated that these two groups were significantly different on every scale except the sexual dysfunction subscale (see Table 5.3 and Figure 5.2 and 5.3).

TABLE 5.2

COMPARISON BETWEEN CRIME EXPERIENCE GROUPS ON GHQ-28 AND CTCL-8						
MEASURE	Sexual DRCC	Sexual Survey	Personal Crime	Car Crime	Burglary	No Experience
GHQ-28 Total	47.83abcde	25.50a**gh	21.07b**	19.77c**	18.38d**g**	18.70e**h**
Anxiety	12.92abcde	8.03a**fgh	6.53b**	5.18c**f*	5.19d**g**	4.93e**h**
Depression	12.00abcde	3.82a**fgh	1.80b**	1.45c**f*	1.21d**g*	1.58e**h*
Social Adj't.	12.17abcde	7.50a**	6.93b**	8.00c**	7.28d**	7.18e**
Somatic	10.75abcde	7.33a**fgh	6.18b**	5.14c**f*	5.00d**g**	4.93e**h**
CTCL Total	12.00abcde	4.63a**fgh	2.31b**	1.77c**f**	1.49d**g**	1.60e**h**

FIGURE 5.1

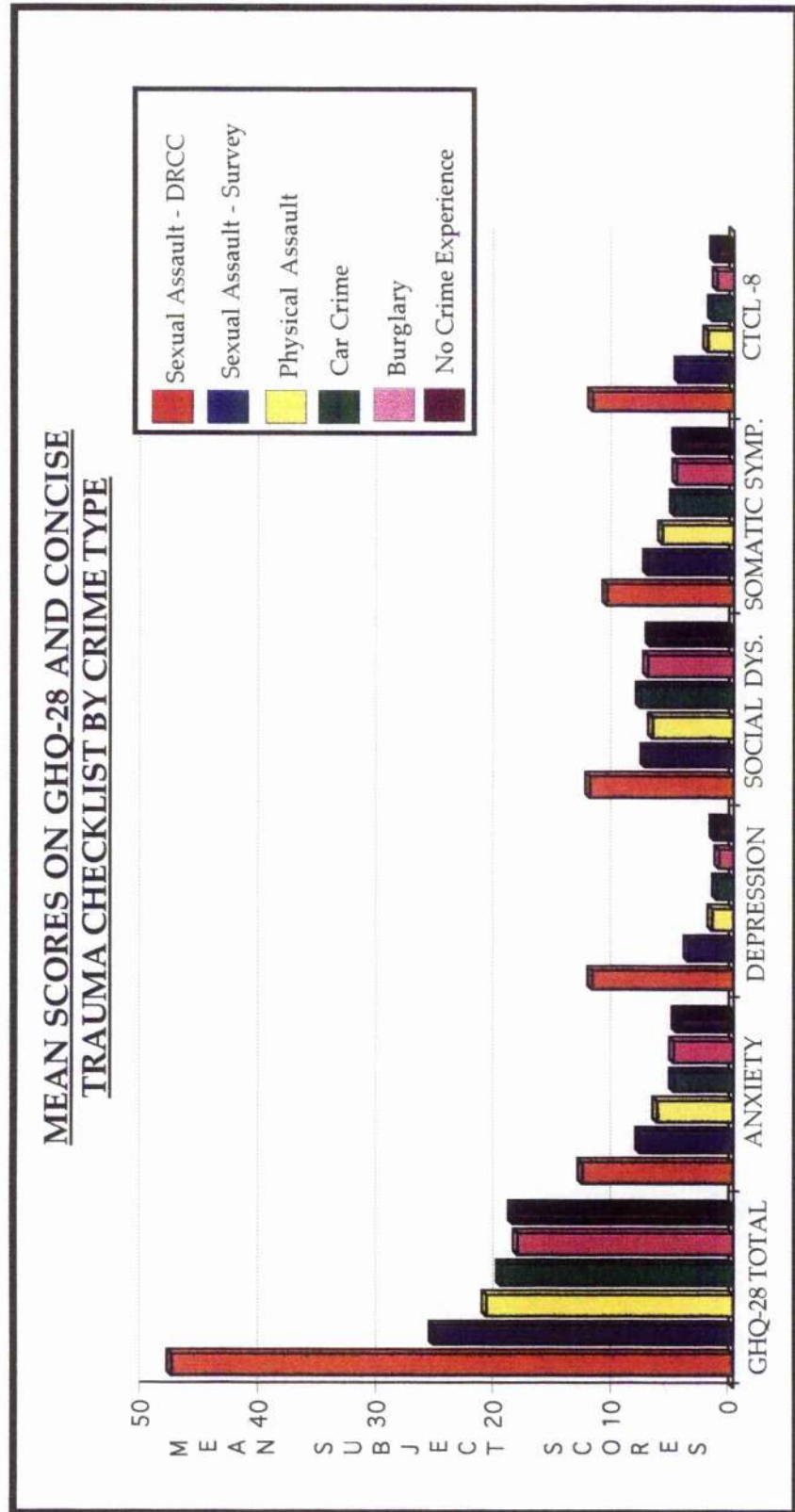


Table 5.3

SYMPTOMATOLOGY OF SEXUAL ASSAULT SURVIVORS SURVEY SUBJECTS VS. RAPE CRISIS SUBJECTS							
	SURVEY					DRCC	
	Mean	sd	df	z	p	Mean	sd
TSCL Total	47.20	21.93	1,40	-2.66	0.00	68.83	22.65
Anxiety	8.67	5.66	1,40	-2.16	0.03	12.67	4.33
Depression	12.27	5.54	1,40	-2.25	0.03	16.42	5.52
Dissociation	5.50	4.68	1,40	-2.82	0.00	10.00	3.57
PSAT-h	6.67	4.13	1,40	-2.87	0.00	11.08	3.70
Sexual	4.50	3.66	1,40	-1.13	0.25	5.75	4.47
Sleep	10.80	3.80	1,40	-3.15	0.00	15.33	3.45
GHQ-3	2.87	2.92	1,40	-2.49	0.01	5.75	3.19
IES Total	19.13	20.04	1,40	-4.56	0.00	43.92	13.47
Avoidance	10.40	10.93	1,40	-4.35	0.00	21.50	8.26
Intrusion	8.73	10.81	1,40	-4.37	0.00	22.33	7.55
GHQ-28	25.50	12.34	1,38	-3.48	0.00	47.83	17.64
Anxiety	8.03	4.42	1,40	-2.72	0.01	12.92	4.78
Depression	3.82	5.41	1,38	-3.10	0.00	12.00	7.69
Social	7.50	3.61	1,38	-2.89	0.00	12.17	4.39
Somatic	7.33	3.46	1,40	-2.47	0.01	10.75	3.96
CTCL-8 Total	4.63	4.11	1,40	-3.42	0.00	12.00	5.77

FIGURE 5.2

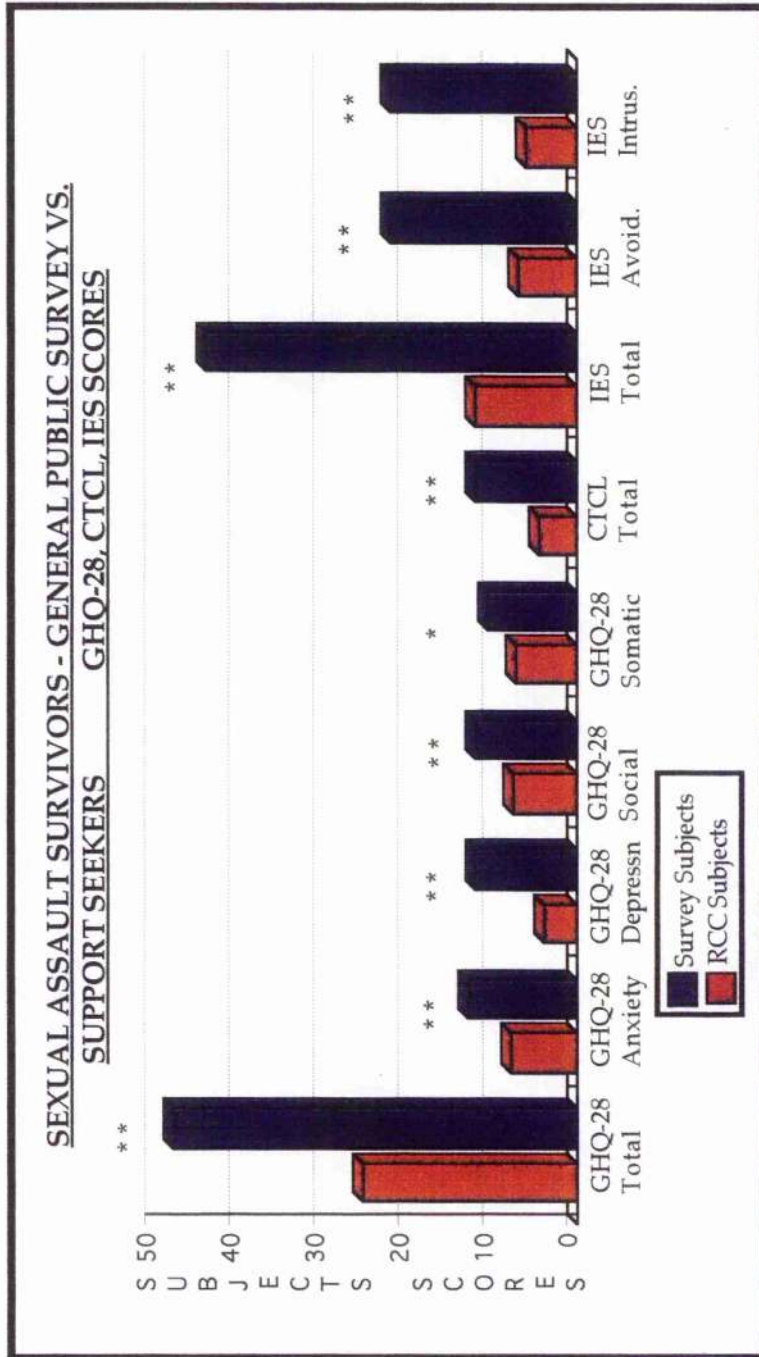
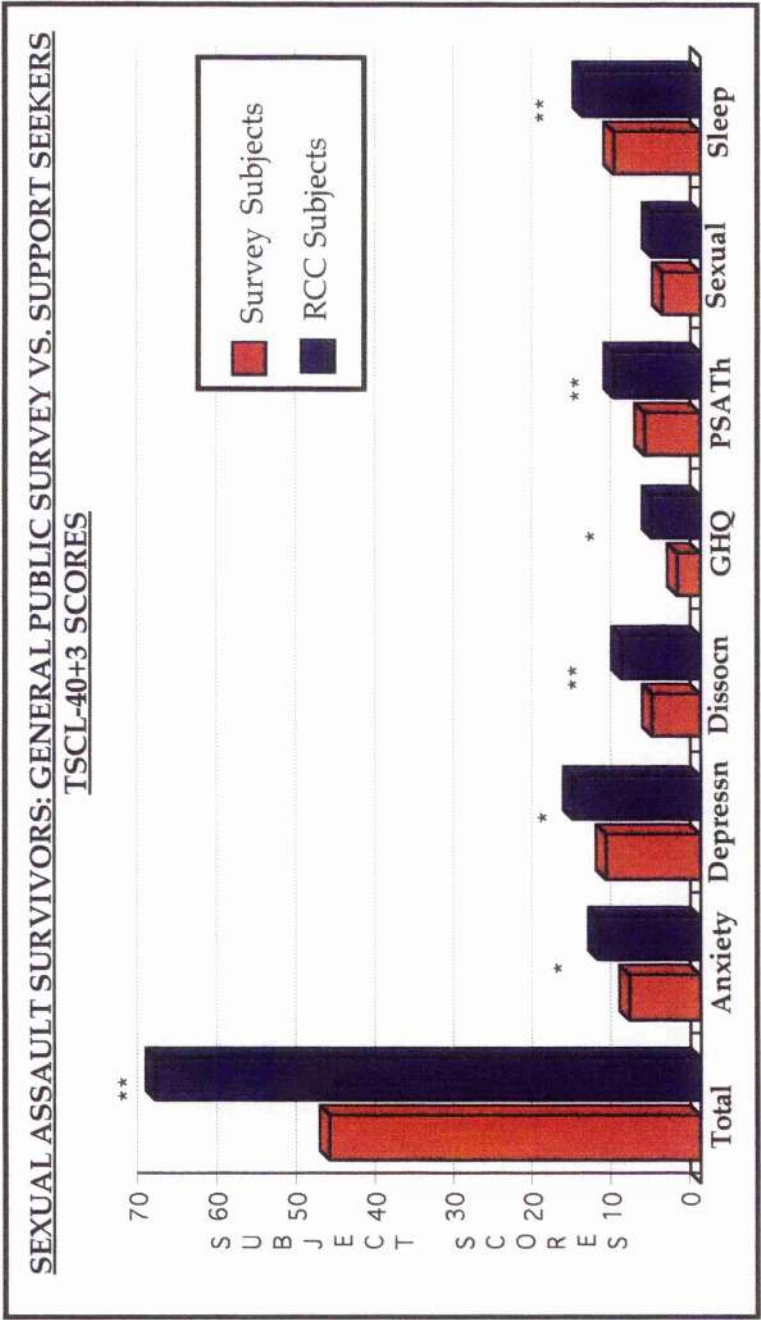


FIGURE 5.3



On the intrusive thoughts subscale of the IES, 33.3% of DRCC subjects and 30% of sexual assault survey subjects scored higher than 19. On the avoidant behaviour subscale 33.3% of DRCC and 40% of survey subjects scored higher than 19. 33% of intervention seekers were, therefore, showing especially high levels of PTSD predictive symptoms, and between 30 and 40% of survey subjects were showing similarly high levels of PTSD symptomatology. Therefore, DRCC and survey sexual assault subjects might be seen as roughly comparable on the prevalence of PTSD symptomatology, although detailed analysis suggests that the DRCC subjects are generally more symptomatic.

Comparison of Symptomatology with Previous Studies

Due to the fact that the TSCL-40 is a relatively new scale, subjects scores were recoded for the TSCL-33 in order to make comparisons with previous research. Comparisons between subject scores for the present study on the TSCL-33 and subject groups from previous studies are shown in Table 5.4. On the whole sexual assault survey subjects appear to be scoring higher (showing higher levels of distress) on the TSCL-33 than non-abused subjects from general public and student samples. Furthermore, their scores are higher than the abused subjects from these samples, and fall between those of abused and non-abused subjects drawn from crisis intervention populations. The sexual assault subjects drawn from DRCC show higher levels of distress than all other subject groups examined in these studies.

Whilst symptomatology on the TSCL-33 might be higher than that reported in previous studies, comparison of levels of symptomatology on the more recent TSCL-40 scale to those reported by Gold et al. (1994) (see Table 5.5), suggests they are not outlandishly high. The subjects in Gold's study appear to have been drawn from an especially symptomatic population, and the DRCC subjects in this study are showing levels of symptomatology only comparable to the non-abused subjects from this study. Therefore, whilst possibly being

relatively highly traumatised, subjects in the present study are still showing levels of symptomatology lower than that which has been previously reported within other populations. An additional interesting feature of this comparison is the low scores on the sexual dysfunction subscale seen for both survey and DRCC subjects.

Table 5.6 shows a comparison between the scores for the survey and DRCC sexual assault survivor groups on the Impact of Events Scale, and results from previous studies. It can be seen from this table that DRCC subjects in the present study are scoring similarly to abused intervention seekers from other studies, whereas, non-intervention seekers are scoring between the level of non-abused samples from other research, and abused or stress clinic intervention seekers.

TABLE 5.4

COMPARISON BETWEEN PRESENT STUDY AND PAST RESEARCH ON TSCL-33							
STUDY	METHOD	Total	Anxiety	Depressn	Dissoch	PSATh	Sleep
Present study N=30 (Abused, female only)	General Public Survey	35.77	8.67	12.27	5.50	6.67	6.57
Present study N=12 (Abused, female only)	Rape Crisis Attendants	54.42	12.92	16.58	10.25	11.25	10.17
Briere & Runtz (1989) N=133 (Abused, female only)	Crisis Intervention Outpatients	39.97	9.95	12.19	6.31	7.78	6.21
N=62 (Nonabused, female only)		27.26	6.03	10.24	3.34	3.34	4.19
Cole (1986) N=113 (Abused, male & female)	University Student Survey	19.85	4.49	6.64	3.43	3.15	3.79
N=114 (Nonabused, male & female)		16.00	3.66	5.40	2.60	2.31	3.03
Briere et al. (1987) N=40 (Abused, male & female)	Crisis Intervention Outpatients	43.80	9.65	14.10	6.83	7.80	6.88
N=40 (Nonabused, male & female)		28.25	5.73	10.10	2.80	2.93	4.35
Bagley (1989) N=116 (Abused, female only)	Random Public Survey	23.22	-	-	-	-	-
N=229 (Nonabused, female only)		16.29	-	-	-	-	-

TABLE 5.5

COMPARISON BETWEEN PRESENT STUDY AND PAST RESEARCH ON TSCL-40								
STUDY	METHOD	Total	Anxiety	Depressn	Dissoen	PSATh	Sleep	Sexual
Present study N=30 (Abused, female only)	General Public Survey	44.33	8.67	12.27	5.50	6.67	10.80	4.50
Present study N=12 (Abused, female only)	Rape Crisis Attendants	63.08	12.67	16.42	10.00	11.08	15.33	5.75
Gold, Milan, Mayall & Johnson (1994)								
N=96 (Abused as children)	Student Survey	70.4	15.3	16.0	10.8	9.9	12.5	11.2
N=89 (Abused as adults)		73.5	15.8	16.9	11.6	10.7	13.1	11.7
N=31 (Abused as children and adults)	(Female only)	77.4	16.2	17.4	12.1	11.8	13.4	13.4
N=438 (Nonabused)		66.8	14.1	15.5	10.1	9.2	12.4	10.6

Table 5.6

COMPARISON MEANS ON THE IMPACT OF EVENTS SCALE				
Study	Method	IES Total	Avoidance Subscale	Intrusion Subscale
Present Study N=30 (Female only)	General Public Survey	19.13	10.40	8.73
Present Study N=12 (Female only)	Rape Crisis Sample	43.92	21.50	22.33
Horowitz et al. (1979) N=50 (Female)	Stress Clinic Outpatients	42.1	20.6	21.4
N=16 (Male)		35.3	14.1	21.2
N=35 (Female)	Medical Students	12.7	6.6	6.1
N=75 (Male)		6.9	4.4	2.5
Burge (1988) N=29 (Female)	Post-Rape Support Seekers	44.0	21.0	21.0
Rothbaum et al. (1992) N=64 (Female)	Post-Rape Intervention Seekers	Not Provided	27.71	24.90
Rowan, Foy & Ryan (1994) N=47 (Male & Female)	Post-CSA Intervention Seekers			
	Past Week	Not Provided	17.0	17.0
	Past Year		24.0	23.0

DISCUSSION

Comparisons between crime experience groups showed that on all measures (except social dysfunction) those subjects who had experienced sexual crimes showed higher levels of symptomatology than non-abused subjects. Specifically, DRCC subjects scored significantly higher than all other groups on both the GHQ-28 and CTCL-8. Also, sexual assault survey subjects showed significantly higher levels of distress than individuals who had experienced car crime, burglary or had no crime experience, whilst they did not differ

significantly from individuals with experience of non-sexual crime against the person. This highlights the especially traumatic nature of sexual assault in comparison to non-personal crimes, and verifies the need for specific research into the trauma experienced by survivors of sexual crimes and the need for the provision of support to these survivors. These findings might also suggest that the recovery of those members of the public who have experienced physical assault merits future research attention.

The lack of any significant differences for survey subjects on the measure of social dysfunction might be seen as evidence that the entire subject population is showing particularly high levels of symptomatology on some measures. It should be borne in mind that the GHQ-28 is a measure of *general health* and not trauma-related symptomatology and scores, therefore, might be related to situational or environmental factors relevant to the entire subject group. This might explain why differences in symptomatology between crime groups are not as marked as one might expect.

Measurement of the symptomatology of survivors of sexual violence showed a prevalence of the type of symptomatology frequently reported post-assault (e.g., Bownes et al., 1991; Kilpatrick, Resnick & Veronen, 1981; Steketee & Foa, 1987). Specifically, anxiety, depression, sleep disturbance, dissociation, intrusive thoughts and avoidant behaviours were commonly reported.

The comparison between survey and DRCC subjects showed that DRCC subjects were showing significantly higher symptomatology than survey subjects. This result had been expected due to the fact that similar differences have been shown in previous research (cf. Briere & Runtz, 1987; Cole, 1986). It is possible that such differences occur due to individuals being especially likely to seek out support when they are experiencing high levels of symptomatology.⁸⁰ Despite the higher overall levels of symptomatology displayed by intervention seekers, it can be seen that the prevalence of PTSD predictive symptomatology (as measured on the IES) was similar for both groups (30-40%). This is similar to the

⁸⁰ The nature of this effect is examined more fully in Chapter 6.

high levels of symptomatology seen by studies such as Bownes et al. (1991), and Kilpatrick & Resnick (1993). In other words, whilst the mean scores for intervention seekers may be higher for avoidant behaviours and intrusive thoughts, a similar proportion of each group show PTSD predictive symptomatology. It may be the case, therefore, that whilst average levels of symptomatology are higher for intervention seekers, the proportion of intervention seeking and non-intervention seeking survivors who are at risk of developing PTSD may be similar.

Comparisons between sexual assault survey subjects, DRCC subjects and results from previous studies have raised a number of interesting issues. First, the sexual assault survey subjects in the present study appear to be showing trauma symptomatology, as measured by the the TSCL-33, that is not only higher than non-abused populations, but appears to be somewhat higher than abused subjects drawn from previous general public and student surveys (Bagley, 1989; Cole, 1986). In fact, the scores for sexual assault survey subjects appear to fall between those of abused and non-abused subjects drawn from crisis intervention populations (Briere & Runtz, 1987, 1989). This suggests either that the survivor population in the present study is showing especially high levels of symptomatology, or that they are drawn from a general public population that has a comparatively high base level of psychological distress, a possibility previously suggested through crime type comparison

The fact that the sexual assault survey population symptomatology for intrusive thoughts and avoidant behaviours (which are especially specific to a traumatic event), are above those of a non-abused population (Horowitz et al., 1979), though not higher than abused intervention seekers (Burge, 1988; Rothbaum et al., 1992; Rowan et al., 1994) suggests that the population from which the present subject sample was drawn may indeed exhibit relatively high general symptomatology. It is possible that this is due to social, economical or environmental factors related to the target area of the study. Comparison with

the study by Gold et al. (1994), also adds support to this contention. The subjects in Gold's study appear to have been drawn from an especially symptomatic population, and even the DRCC subjects are showing levels of symptomatology only comparable to the non-abused subjects from this study. This suggests that the present sample population, whilst displaying symptomatology that is somewhat higher than normal, are still displaying levels lower than some previously examined populations.

An additional interesting feature of this comparison is the low scores on the sexual dysfunction subscale seen for both survey and DRCC subjects. Scores for both the DRCC and survey subjects on this subscale are very similar (an effect not observed for other subscales), and they are noticeably lower than scores for an unabused sample on this measure (Gold et al., 1994). The most likely reason for this is the fact that subjects who specifically stated that they were not in an intimate relationship (a fact that may well have been related to their abuse history) were scoring zero on a number of questions examining their satisfaction with their sex life. Specifically, a response of *"not at all"* to the items *"Not feeling satisfied with your sex life"* and *"Bad thoughts or feelings during sex"* might indicate a lack of sexual dysfunction, or a lack of sexual activity, possibly due to sexual dysfunction. Therefore, the results from the present study should not be assumed to suggest a low occurrence of sexual dysfunction amongst sexually abused subjects. Rather they suggest that in order to provide a reliable measure of sexual dysfunction, the wording for some items on the TSCL-40 may need to be altered to account for this ambiguity.

CONCLUSIONS

This study has shown that high levels of trauma symptomatology are experienced by survivors of rape or sexual abuse, even in comparison to individuals who have experienced non-sexual criminal victimisation. Research and intervention, therefore, needs to differentiate between crime types, as it is

unlikely that results and intervention methods can be effectively generalised between types of crime. In addition, this study suggests that the more personal the nature of the crime experienced, the greater the distress caused, and possibly the greater the need for support of survivors. Also highlighted is the need for the Criminal Justice and medical personnel who may come into contact with survivors of sexual crimes to be aware of the nature and severity of the effects of sexual victimisation. A greater level of awareness within these statutory agencies and the general public, would hopefully increase the likelihood that survivors would meet with a supportive and compassionate attitude should they disclose their abuse, and also reduce the likelihood that their experience will be minimised by others.

The recognition of the prevalence of PTSD related symptoms in survivors of sexual violence will hopefully produce the positive results suggested by Burge (1988). However, whilst it might help intervention personnel to utilise skills employed with other traumatised groups and provide legal personnel a larger range of legal precedents to use during cases, it may also have negative repercussions for survivors. The propensity to categorise individuals might not only lead people to forget the individuality of survivors and their trauma, but discount those individuals who do not meet the criteria for this disorder as not having been effected by their experience. The negative connotations of the word 'disorder' should also not be forgotten. If PTSD is indeed a "normal reaction to an abnormal event" (Burge, 1988), perhaps use of a description such as "*Post Traumatic Stress Reaction*" might prevent the implication that survivors are now *abnormal* as a result of their victimisation.

Finally, this study has confirmed the validity of both the TSCL-33 and Impact of Events Scale for measuring trauma-related symptomatology. In addition, it has highlighted possible problems with the more recent TSCL-40 which need to be addressed before this measure can be employed successfully for research and clinical purposes.

SECTION 5.3

The Relationship Between Assault Characteristics and Recovery from Sexual Crimes

INTRODUCTION

Having discussed the traumatic nature of survivor reactions to sexual crimes, the aim of this analysis is to ascertain whether certain assault characteristics are linked to higher symptomatology. An understanding of the factors that lead to increased symptomatology would allow care givers to pinpoint those survivors who might be at most risk of high levels of distress and trauma (e.g., depression, anxiety, dissociation) on the basis of the type of assault they experienced. A number of studies have been carried out which focus on the effects of specific assault characteristics (see Kendall-Tackett, Williams, & Finkelhor, 1993). Such studies, however, have not always been consistent in their findings. The research findings that were utilised in the formulation of hypotheses for the present study will now be discussed.

Offender/Victim Relationship

Research to date has suggested that for both childhood and adult experiences of sexual crimes, the most common perpetrator is a known male. In a recent wide-scale study of childhood sexual abuse in Britain⁸¹, Ussher and Dewberry (1995) found that 80% of their sample of 775 female survivors (gained from the general population) had experienced abuse at the hands of a family member, most commonly the survivor's father (28.4%). Also, DiLillo, Long and Russell (1994), in a study of college age survivors of childhood sexual abuse, found that approximately half had experienced abuse within their family unit.

⁸¹ Emphasis is placed on this study due to the fact that it's recency and similar sample to the present study allow more effective comparisons to be made between it's findings and those of the present study.

As regards sexual assault in adulthood, Ullman and Siegel (1993) found 78% of 240 survivors surveyed were assaulted by a known offender. It is necessary, therefore, to ascertain whether the majority of survivors of sexual assault (i.e., those assaulted by a known offender) are at greater risk of psychological distress, than those individuals sexually assaulted by a stranger.

The exact nature of the effect of the offender/victim relationship upon psychological recovery from sexual victimisation is not clear from previous research. Different studies have found levels of symptomatology to be higher in acquaintance and stranger assault situations. Ullman and Siegel (1993) surveyed over 3,000 adults of whom 240 (14.5%) reported experiencing adult sexual assault. They aimed to examine the findings of Ellis, Atkeson and Calhoun (1981) that stranger rape is associated with higher levels of fear and depression, and Becker et al. (1984) that increased sexual dysfunction is associated with assault by a known offender. Ullman and Siegel found individuals in their sample who were assaulted by a known offender experienced significantly lower levels of fear and anxiety, although there were no other significant differences in symptomatology. Bownes, O'Gorman and Sayers (1991) also found that there were higher rates of PTSD amongst survivors of stranger rape.

Baker and Duncan (1985), however, found comparatively lessened long-term trauma experienced by survivors of sexual assault by a stranger and suggested this may be related to the fact that this type of abuse may be easier to disclose.⁸² Adding weight to the suggestion that assault by a known offender has more traumatic effects, is the meta-analysis of 45 studies carried out by Kendall-Tackett, Williams and Finkelhor (1993). They found that the body of evidence suggests that the closer the relationship between victim and perpetrator, the more serious the traumatic effects of abuse.

It appears, therefore, that the *majority* of evidence suggests greater symptomatology is likely to be experienced by survivors of an assault committed by a known offender. When making such comparisons, however, it is likely that

⁸² The effects of disclosure will be examined in Chapter 6.

attention should be paid to the observation made by Conte and Schuerman (1987) that it may not be the *degree* of relationship between individuals that effects symptomatology, but the *closeness* of the relationship. In other words, assumptions about the closeness of individuals on the basis of actual relationship (e.g., friend, relative, acquaintance) should not be made. It should also be borne in mind that the inconsistencies in the literature may be due to other assault characteristics that are common to stranger or known offender assault and are more closely related to symptomatology.

Age at Onset and Duration of Abuse

Studies of the effect of age at which abuse started (age of onset) and the duration of abuse have focused on the effects of child sexual abuse (CSA), possibly due to the fact that its occurrence at different stages of development is likely to have differing effects (Koss & Harvey, 1991). In their recent British study Ussher and Dewberry (1995) found that the mean age at which abuse started (age at onset) was 8.5 years old, and it lasted on average 5.2 years. Other studies outwith the UK have found the mean age of onset for their samples to range from 9.2 years to 12.2 years (e.g., Baker & Duncan, 1985; Finkelhor et al., 1990; Russell, 1983; Siegel, Sorenson, Golding, Burnam & Stein, 1987; Wyatt, 1985). The study by Belkin, Greene, Rodriguez and Boggs (1994) found that the majority of childhood sexual abuse survivors have their first abuse experience between 6 and 11 years old, which may provide a more helpful, though less precise, estimate of most common age of onset.

Average duration of abuse also differs slightly between studies. Ussher and Dewberry (1995) found an average of 5.2 years for their UK sample, which is somewhat longer than has been found in some previous research (i.e., 2 years: Russell, 1983; 1.85 years: Maynes & Feinaur, 1994; and 3 years: Meiselman, 1978). Such differences may be dependent upon individual samples and sampling techniques, or social factors relating to the population from which the sample

was drawn. For example, the longer duration found for Ussher and Dewberry's UK sample, may reflect a lack of effective intervention or an atmosphere that does not encourage disclosure in comparison to the other studies which took place in the USA. As the present study took place in the UK, Ussher and Dewberry's figures will be taken as a benchmark for comparison.

On the whole, research into the effects of these variables has tended to produce consistent results. Several studies have found that younger victims experience higher levels of trauma than those abused at a later age (e.g., Baker & Duncan, 1985; Russell, 1986; Wolfe, Gentile & Wolfe, 1989). Briere and Runtz (1989), Kiser, Ackerman, Brown, Edwards, McColgan, Pugh and Pruitt (1988), and Sirles, Smith and Kusama (1989) also found that longer duration of abuse was associated with higher PTSD symptomatology and psychiatric impairment. Rowan, Foy and Ryan (1994) examined the reactions of 47 male and female survivors of childhood sexual abuse and found that both duration and frequency of abuse were related to PTSD symptomatology. The meta-analysis by Kendall-Tackett, Williams and Finkelhor (1993) also indicated that the body of research suggests negative effects of longer duration of abuse. It would seem plausible that the fewer experiences with which the survivor has to cope, and the sooner after the first event they can attempt to cope with their experiences in an *abuse-free* environment, the sooner recovery from the traumatic event will occur. It should be borne in mind, however, that these two factors may have been directly related to each other. If the majority of childhood sexual abuse occurs within the family, and if disclosure has not been attempted, it is possible that such abuse might end when the survivor reaches an age at which she can move away from the family unit. The younger the age at which abuse starts, therefore, the greater the length of time it might take place.

Severity of Assault

On the whole, research into the relationship between severity of assault⁸³ and level of trauma has tended to suggest there is a positive correlation between the two. Briere and Runtz (1989) and Kilpatrick, Saunders, Amick-McMullan, Best, Veronen and Resnick (1989) found that the experience of full penetration was associated with dissociative and PTSD symptomatology. Bagley and Ramsey (1986) and Russell (1986) also found that level of trauma was related to severity of abuse in survivors of childhood sexual abuse. Similar results were also found by Morrow and Sorell (1989) and Wolfe et al. (1989). In addition, the majority of research studies examined by Kendall-Tackett et al. (1993), suggested that abuse involving full penetrative intercourse is more likely to lead to especially high levels of distress, compared to abuse that did not lead to full sexual penetration.

Number of Victimisation Events

Ussher and Dewberry (1995) found that 80% of their sample had not been revictimised, a figure similar to the 63% found by Baker and Duncan (1985); 75% found by Wyatt (1985); and 68% found by Siegel et al. (1987); though somewhat higher than the 43% found by Russell, (1983). However, even the lowest figure of 20% revictimisation, suggests that any possible negative effects it may have should be taken seriously.

Briere and Runtz (1989) found that the number of abuse events was correlated with PTSD symptomatology. Also, a study by Gold et al. (1994) found that revictimisation of women was associated with higher levels of PTSD symptomatology than childhood abuse alone, greater sexual dysfunction than childhood or adult victimisation alone, and a greater total level of trauma symptomatology than single assault experiences. Similar negative effects of multiple victimisation experiences were also found by Ellis, Atkeson and Calhoun (1982).

⁸³ Measure of assault severity tends to be based upon the sexual acts that took place during the assault or abuse. Full sexual penetration is seen as the most severe, whilst cases of molestation only are rated as less serious. Physical injury was not taken as a measure of severity in the present study.

Perhaps, more interestingly, some studies have found that previous victimisation experience aggravates the negative psychological response to a later victimisation experience (Cohen & Roth, 1987; Frank, Turner and Stewart, 1980). In other words, an initial victimisation experience may make survivors less able to cope with subsequent victimisation. Another possibility for the effects of repeat victimisation is that having experienced more than one sexual assault, survivors may have had less time to cope with their victimisation experiences. Whether revictimisation has a cumulative effect on trauma symptomatology, or previous victimisation reduces an individual's ability to cope with subsequent victimisation, the evidence tends to suggest that an increase in the number of individual sexual assaults is related to increased levels of symptomatology.

HYPOTHESES

This section aims to examine the effect of assault characteristics on the recovery of survivors of sexual victimisation. Not only will assault characteristics be examined separately to look for significant effects, but common patterns and dynamics will also be considered in relation to symptomatology. In doing so, it may be possible to provide a greater understanding of how the nature and extent of psychological reactions differ dependent upon assault type, which, in turn, may permit the development of more effective support and interventions for survivors of sexual assault.

Specifically, this study set out to examine the following hypotheses:

- i) Assault by a known assailant will result in higher symptomatology than assault by an unknown assailant.⁸⁴
- ii) More severe sexual assaults (i.e., those which result in full sexual penetration) will lead to higher levels of symptomatology than those which involve molestation only.
- iii) The younger the survivor at onset of abuse (in the case of childhood

⁸⁴ No assumptions are made about the effects of different types of relationships with known offenders (i.e., intimate, immediate family, extended family, friend), as no data is available on the perceived *closeness* of relationship.

sexual abuse), the longer the duration of ongoing abuse, and the higher the number of victimisation events, the higher the expected level of symptomatology.

iv) The greater the amount of time that has elapsed since the last victimisation experience, the lower the level of symptomatology, due to the survivor having had more time to recover and cope with the trauma.

METHODOLOGY

Subjects were coded on the independent variables as follows:

Victim/offender Relationship: As respondents were not asked about the closeness of relationships this variable was coded only in terms of whether the offender was *known* to the victim previous to the assault, or whether the offender was *unknown* previous to the assault.

Severity of Assault: Subjects specified whether they experienced full sexual intercourse during the assault (coded as 1), were forced to engage in sexual acts, e.g., fellatio (coded as 2), or were molested by the offender (coded as 3). Subjects' experiences were coded with the lowest relevant number.

Time Variables: Age at onset of abuse, and time since abuse were all coded in number of years. Duration of abuse was coded in years, and type of assault was coded dependent upon whether subjects had only experienced one-off (blitz) assaults (coded as 1) or ongoing abuse only (coded as 2).

Number of Assaults: Subjects were also coded on the number of victimisation experiences with different offenders they experienced.

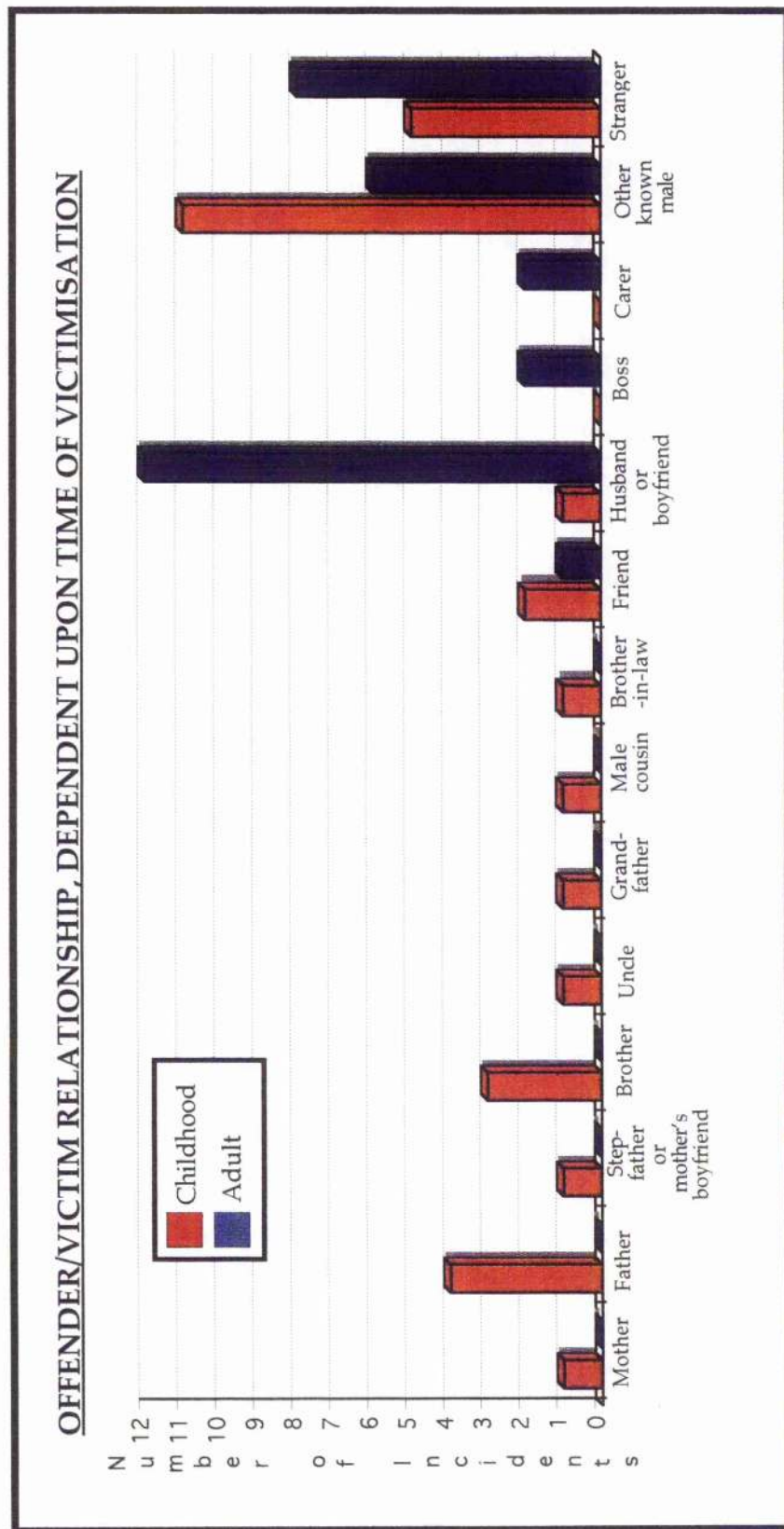
Dependent measures consisted of scores on the General Health Questionnaire-28, Trauma Symptom Checklist-33, Impact of Events Scale, and Concise Trauma Checklist-8, and their respective subscales. All 42 subjects obtained from the general public survey and rape crisis centre were used in this analysis, attention was paid to the possibility that particular assault characteristics may be more common in one group than the other.

RESULTS

Data were analysed using non-parametric correlations and ANOVAs in order to determine the existence of any significant relationships between ordinal variables and symptomatology, and significant differences between nominal variables. Finally, variables were entered into step-wise multiple regressions, in order to ascertain those assault characteristics which best predicted symptomatology. In some cases there are differing cell sizes within particular variables, which result from subjects having failed to provide information on some of the measures.

For the purposes of analysis, subjects were assigned to specific groups dependent upon how their experiences related to the variables being examined. The majority of survivors of childhood and adult experiences were assaulted by a known offender 80%, with stranger rapes being less common in CSA (16%) than adult experiences (26%), and all but one offender was male. The only female offender was a mother, who acted in conjunction with the survivor's father. Forty-two percent of survivors of CSA were assaulted by a family member, most commonly a father (31%). Adult assaults, on the other hand were most commonly committed by husbands or partners (39%). The division of experiences by offender/victim relationship is shown in Figure 5.4.

Figure 5.4



Offender/Victim Relationship

Significant differences were found between the symptomatology of those survivors assaulted by a known offender only and those assaulted by unknown offender only. Subjects who had been assaulted by both known and unknown offenders during their lifetime were excluded from analysis: $N=5$. Subjects assaulted by known offenders showed significantly higher levels of sleep disturbance on the subscale of the TSCL-33 ($N=31$; $\bar{x}=8.06$); than did subjects assaulted by unknown offenders ($N=6$; $\bar{x}=4.676$), ($df=1, 35$; $z=-2.18$; $p=0.029$). For the total score on the GHQ-28 subjects assaulted by known offenders ($N=31$; $\bar{x}=34.29$) showed significantly impaired general health compared to subjects assaulted by unknown offenders ($N=4$; $\bar{x}=15.00$), ($df=1, 33$; $z=-2.26$; $p=0.024$). Subjects assaulted by known offenders also showed significantly greater social dysfunction ($N=31$; $\bar{x}=9.29$) as measured on the GHQ-28 subscale, than those assaulted by unknown offenders ($N=4$; $\bar{x}=6.00$), ($df=1, 33$; $z=-2.04$; $p=0.041$). On all other measures scores for subjects assaulted by known offenders were higher than for those assaulted by unknown offenders although these differences did not reach statistical significance. Mean scores for known versus unknown offenders are shown in Figure 5.5 and 5.6. The small cell sizes for subjects assaulted by unknown offenders, however, should be taken into account when interpreting these data.

Figure 5.5

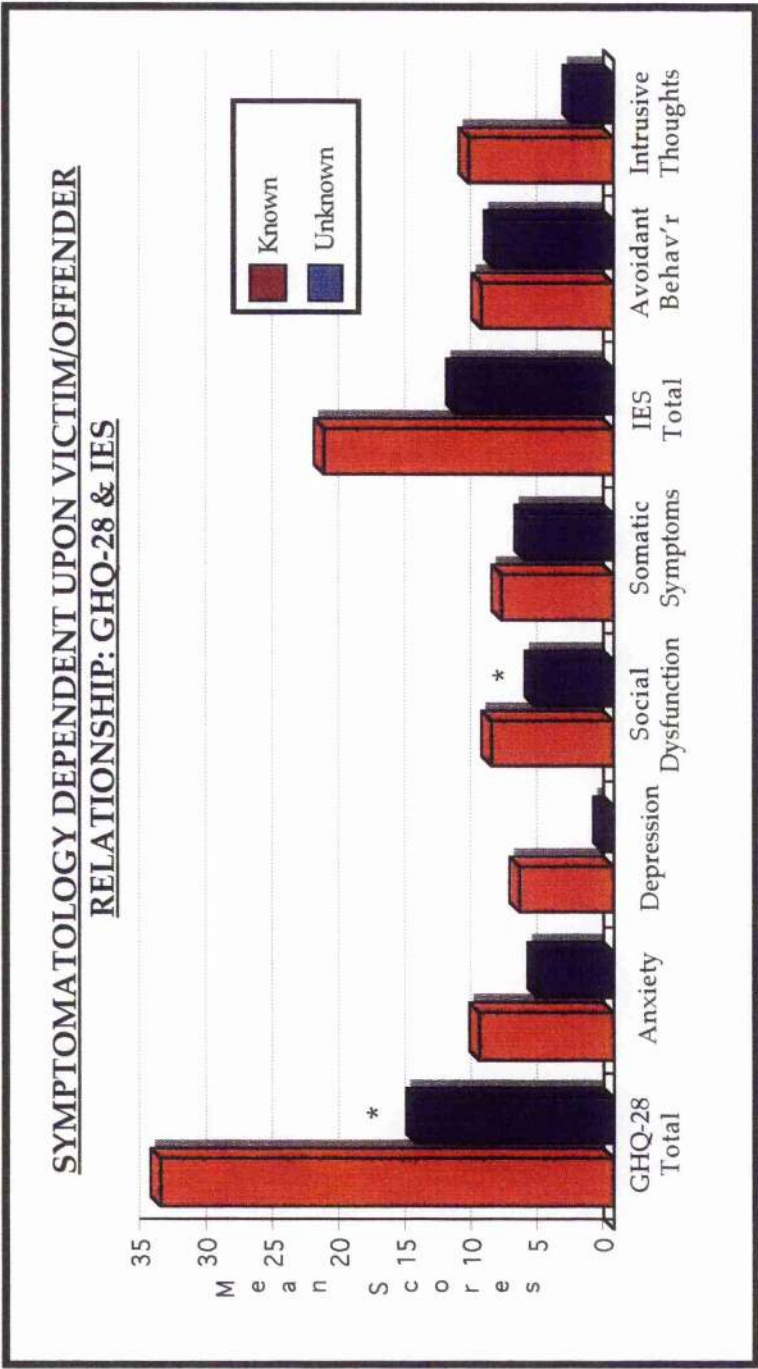
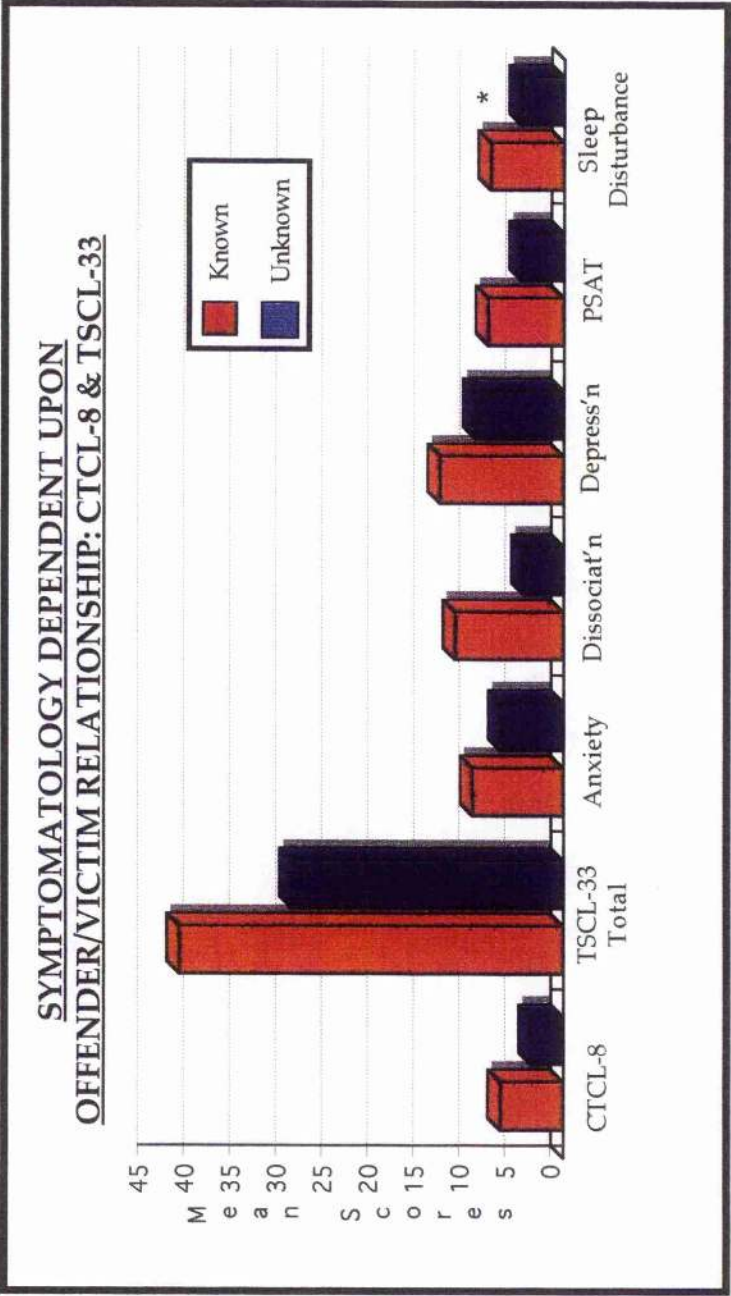


Figure 5.6



Severity of Assault

More severe sexual assaults were significantly correlated with higher levels of symptomatology on almost all measures. Correlation coefficients and their level of significance are shown in Table 5.7.

Table 5.7.

CORRELATION OF SEVERITY OF ASSAULT WITH SYMPTOMATOLOGY			
MEASURE	N	r	Sig. of r
GHQ-28 Total	35	-0.44	0.007**
~ Anxiety	37	-0.36	0.024*
~ Depression	35	-0.32	0.053
~ Social Dysfunction	35	-0.43	0.009**
~ Somatic Symptoms	37	-0.32	0.051
CTCL-8	37	-0.35	0.031*
IES Total	37	-0.38	0.017*
~ Avoidance	37	-0.41	0.009**
~ Intrusion	37	-0.33	0.043*
TSCL-33 Total	37	-0.40	0.012*
~ Anxiety	37	-0.40	0.011*
~ Depression	37	-0.46	0.003**
~ Dissociation	37	-0.36	0.023*
~ PSAT	37	-0.36	0.025*
~ Sleep Disturbance	37	-0.27	0.095
*= 95% significance level **= 99% significance level			

It was also found that 67% of survivors assaulted by an immediate family member or intimate and 70% of those assaulted by a stranger experienced full rape, as compared to 44% of those survivors assaulted by other known offenders.

Age at Onset and Duration of Abuse

Age at onset for survivors of childhood sexual abuse ranged from 7 to 16 years, with a mean of 12 years (sd=3.1). The most common ages for onset of abuse were 8, 9, 14, and 15 years of age. Higher age at onset was significantly

correlated with increased symptomatology as measured on the GHQ-28 social dysfunction subscale ($N=13$; $r=0.54$; sig. of $r=0.037$), and the anxiety subscale of the TSCL-33 ($N=14$; $r=0.52$; sig. of $r=0.040$).

For those subjects who experienced ongoing abuse only ($N=6$), the duration of abuse ranged from 1 to 11 years, with a mean of 4.66 years ($sd=3.5$). 50% of abuse experiences lasted between 1 and 3 years. Greater duration of abuse was significantly correlated with higher levels of anxiety, as measured on the subscale of the TSCL-33 ($N=4$; $r=0.86$; sig. of $r=0.025$). It should be borne in mind that the sample size for this group was very small.

Number of Victimisation Experiences and Time Since Last Assault

Subjects had experienced between 1 and 4 victimisation experiences, with a mean of 1.51 experiences ($sd=0.82$). Only 10% of subjects experienced more than 2 victimisation experiences. The most recent victimisation experience had occurred between 1 and 47 years prior to testing, with a mean of 12.31 years ($sd=10.52$). 30% of most recent sexual assaults had occurred within the last four years, and 47% had occurred within the last 10 years.

The higher the number of separate victimisation experiences a subject had experienced was significantly correlated with increased symptomatology as measured on TSCL-33 ($N=39$; $r=0.33$; sig. of $r=0.033$), and on subscales for anxiety ($N=39$; $r=0.42$; sig. of $r=0.06$), depression ($N=39$; $r=0.33$; sig. of $r=0.034$), post-sexual assault trauma (PSAT) ($N=39$; $r=0.36$; sig. of $r=0.022$), and sleep disturbance ($N=39$; $r=0.40$; sig. of $r=0.009$).

The greater the amount of time having elapsed since the most recent victimisation experience, the lower the symptomatology as measured on the GHQ-28 ($N=33$; $r=-0.37$; sig. of $r=0.030$), and on subscales for anxiety ($N=34$; $r=-0.37$; sig. of $r=0.029$) and social dysfunction ($N=33$; $r=-0.40$; sig. of $r=0.016$). Correlations were also significant for the TSCL-33 total score ($N=34$; $r=-0.33$; sig. of $r=0.049$), and the CTCL-8 ($N=34$; $r=-0.48$; sig. of $r=0.003$).

Predictors of Symptomatology

In order to ascertain which assault characteristics are significant predictors of symptomatology, a step-wise multiple regression was carried out for each psychological and health measure. Multiple regression analysis has been utilised in previous victimisation studies to examine the relationship between assault or subject variables and symptomatology (e.g., Falsetti & Resick, 1995; Lanktree & Briere, 1995; Lovett, 1995; Maynes & Feinauer, 1994; Proulx, Koverola, Fedorowicz & Kral, 1995; Ussher & Dewberry, 1995). Stepwise regression was utilised as opposed to forward or backward stepping regression, as no assumptions could be made about the relative *importance* of the assault variables in relation to each other for predicting symptomatology. The independent variables entered into each regression were: offender/victim relationship, assault severity, type of attack (one-off attack or ongoing abuse), number of victimisation events, and time elapsed since last assault⁸⁵, for each dependent symptomatology measure.⁸⁶ Those symptomatology measures which were found to have significant predictors, what those predictors were, and levels of significance, Beta, and adjusted R square⁸⁷ scores are summarised in Table 5.8.

⁸⁵ These variables were entered as they had been found to be related to symptomatology through ANOVA analysis. Age of onset was not included as it had been examined in relation to survivors of childhood sexual abuse only, and not the whole subject sample. In addition, *duration* of abuse could not be included as it relates only to those subjects who experienced ongoing abuse.

⁸⁶ This produces a 1:8 ratio of independent variables to subjects. Whilst a larger ratio would be preferable, other studies in this field have carried out regression analysis with a smaller ratio (e.g., Proulx et al., 1995). Entry and removal criteria for variables were set at 0.05 (entry) and 0.10 (removal), with such high criteria the analysis programme utilised (SPSS) could be relied upon to remove variables that threatened the validity of analysis due to multicollinearity.

⁸⁷ Adjusted R square is presented as this represents a more conservative measure of predictive power than unadjusted R square.

Table 5.8 - SUMMARY TABLE OF REGRESSION ANALYSIS

SIGNIFICANT PREDICTORS OF SYMPTOMATOLOGY				
MEASURE	Variable	Beta	Adjusted R²	Sign. of T
GHQ-28 Total	Severity	-0.50	0.22	0.009**
GHQ-28 ~ Anxiety	Severity	-0.40	0.26	0.026*
	Offender	-0.38		0.034*
GHQ-28 ~ Social Dys.	Severity	-0.56	0.29	0.003**
CTCL-8	Time since assault	-0.39	0.12	0.042*
IES ~ Avoidance	Severity	-0.43	0.15	0.027*
TSCL-33 ~ Depression	Severity	-0.41	0.13	0.035*
* = Significant at 95% level ** = Significant at 99% level				

This table shows that the severity of the assault incident predicts 22% of variability for general health total scores, 29% for social dysfunction, 15% for avoidant behaviours and 13% of variability for levels of depression. Both assault severity and offender/victim relationship accounted for 26% of variability on scores of anxiety, with severity being a slightly better predictor than offender/victim relationship. Also, the length of time that had passed since the last victimisation experience accounted for 12% of variance on the concise trauma checklist-8. In all cases, more severe assaults were related to higher levels of symptomatology, as was a known offender and a shorter length of time since last assault.

DISCUSSION

The results of this study provided evidence for a number of effects of assault characteristics of sexual crimes upon the symptomatology experienced by its survivors. In line with past research (e.g., Ullman & Siegel, 1993; Ussher & Dewberry, 1995) the majority of subjects in the present study were assaulted by known offenders, and in support of the first hypothesis it was found that those survivors assaulted by a known offender experienced higher levels of symptomatology. Whilst this finding is inconsistent with the findings of some studies (e.g. Bownes et al. 1991; Ellis et al; 1981; Ullman & Siegel, 1993), it remains, however, in line with the conclusions of the meta-analysis of Kendall-Tackett et al. (1993). As this meta-analysis examined 45 different research studies, the findings of the present study can, therefore, be seen to be in line with the majority of research.

The measures which showed significant differences for this variable were sleep disturbance, general health, and social dysfunction. This result, therefore, may not be in *direct* disagreement with studies such as Bownes, O'Gorman and Sayers (1991) who found PTSD symptomatology is more strongly related to stranger rape. It may be the case that survivors assaulted by known offenders experience greater impairment to their general health, rather than heightened traumatic symptomatology (e.g., intrusive thoughts, avoidant behaviours, and dissociation). A possible explanation for this may be that stranger rape produces more of a shock reaction, and symptomatology related to attempts to avoid thinking about the event, as it was more likely to be a surprise and one-off event. Whereas, when the assailant is known the assault has a greater effect on general health as the survivor must try in some way to assimilate their experience and into their lives, which may still include the assailant. It is also likely that assault by a known offender will involve a violation of trust and a shattering of the survivor's beliefs concerning the offender, which could be seen as likely to affect social functioning.

The finding that survivors of sexual assault by known offenders have greater health disruption, has extremely important implications for post-assault intervention with survivors of sexual crimes. Survivors often experience secondary victimisation at the hands of the police and Criminal Justice System (see Madigan & Gamble, 1991), especially if their claims give rise to increased suspicion due to not being in line with the rape stereotype (i.e., that it is committed by strangers). An understanding, therefore, that rape by known individuals can have a greater effect on general health, than rape by a stranger, might prevent minimalisation of such women's experiences purely because they knew the offender, or had even had an intimate relationship with them beforehand. The fact that the most common assailants of children were close family members, and of adults were husbands or boyfriends, also emphasises the need to continue to educate the public that they are possibly at greater risk from the people they know and trust, than from acquaintances and strangers.

Unsurprisingly, and in line with the majority of past research (e.g., Bagley & Ramsey, 1986; Kendall-Tackett et al., 1993; Russell, 1986), the results showed that the more severe the assault experienced by subjects, the higher their symptomatology. This effect was seen not only for measures of general health, but also for symptomatology that has been categorised as predictive of PTSD (i.e., anxiety, dissociation, intrusive thoughts and avoidant behaviours). This is specifically in agreement of the findings of research carried out by Briere and Runtz (1989) and Kilpatrick et al. (1989), who found severity of assault to be associated with PTSD symptomatology.

The relationship between severity of assault and PTSD symptomatology has important intervention implications (see Section 5.2 for discussion). It might allow care givers to pinpoint those individuals who are most at risk of traumatic symptomatology. The fact that survivors assaulted by immediate family members, intimates or strangers were more likely to experience full rape, suggests that the traumatic symptomatology commonly associated with full rape

by a stranger, is as relevant for those women raped by men they know. Care should be taken, however, not to use such results to minimise the experience or reactions of those survivors who do not experience full rape, but are severely traumatised by their experiences.

The mean duration for ongoing abuse was similar to that found in past research⁸⁸ (e.g., Meiselman, 1978; Russell, 1983; Ussher & Dewberry, 1995), and in support of hypotheses, longer duration of abuse was found to be associated with symptomatology, specifically anxiety. This may be due to the fact that if ongoing abuse is shorter in duration there are likely to be fewer actual assaults, and possibly a greater length of time for the survivor to recover from their victimisation. In line with the findings of past research (e.g., Baker & Duncan, 1985; Siegel et al., 1987; Wyatt, 1985), 62% of the subject sample had only one victimisation experience and, as was been found by Briere and Runtz (1989) and Gold et al. (1994), the present study found the experience of more victimisation events was associated with higher traumatic symptomatology.

Lower levels of symptomatology were associated with a greater the length of time having elapsed since the last victimisation experience. This is perhaps due to survivors having more time to cope and recover. Both traumatic and general health symptomatology were found to be higher for survivors who had had more recent experiences. This finding is particularly notable as it is one that has not been frequently examined (see Kendell-Tackett, Williams & Finkelhor, 1993).

These findings all highlight important points, which have a number of implications for education about, and intervention for rape and sexual abuse. First, increased awareness of the negative effects of ongoing sexual abuse heightens the need for swift recognition of it's occurrence and an atmosphere that encourages and accepts disclosure by survivors. Second, there is a need for specific attention to be paid to those individuals recently victimised, who might

⁸⁸ Such findings might suggest that this sample is not atypical in terms of the dynamics of survivor experiences, and comparisons can be made with past research.

be experiencing especially severe psychological symptoms. This not only applies to those agencies who provide support to survivors, but more importantly to the statutory agencies with whom survivors might come into contact with shortly after their victimisation experience. Specifically, if the police, medical, and legal profession, are made more aware of the type of trauma survivors might be experiencing at extremely acute levels should they report the crime, this might help to prevent secondary victimisation at a time when survivors are especially vulnerable. Third, the negative effects of multiple victimisation experiences should be borne in mind by care givers, so those most at risk of high levels of trauma are pinpointed, and attention should continue to be paid to rape prevention strategies. Fourth, the fact that effects were found for some types of symptomatology but not others, suggests that the symptomatology resulting from sexual victimisation is not a unitary concept. Whilst time itself may help alleviate some symptoms, others (such as intrusive thoughts and avoidant behaviours, which are characteristics of PTSD) may not dissipate over time without specific intervention.

It should be borne in mind that there was no relationship between number of victimisation experiences, duration, or recency, and levels of intrusive thoughts and avoidant behaviours. It may be the case therefore, that these symptoms are not exacerbated by subsequent victimisations, or dissipated by the passing of time, unlike general health and other traumatic symptomatology (e.g. anxiety, sleep disturbance).

The only result that was not in support of experimental hypotheses or past research was the finding that *increased* age of onset for childhood sexual abuse was related to increased symptomatology. The mean age of onset (12 years) was similar to that found by Baker and Duncan (1985) and Russell (1983). These studies, however, found that a lower age of onset was related to heightened symptomatology. A possible reason for this inconsistent results is that any effects of age of onset are less important than negative effects of more severe sexual

assaults. Of the 17 subjects who had experienced abuse during childhood only, only 1 of the 7 abused before the age of 12 had experienced full rape; whereas, only 2 of those survivors abused after the age of 12 *did not* experience full rape. The fact that older children were more likely to experience full rape, therefore, might account for their high levels of symptomatology compared to survivors assaulted at a younger age.

In an examination of which factors are the best predictors of symptomatology, it was found that the severity of assault accounted for between 13 and 29% of variance on general health, avoidant behaviour and depression measures. In fact, severity of assault was the most common predictor of symptomatology. This adds support to the suggestion that increased symptomatology of older survivors of CSA may be due to an increase in assault severity, and does not suggest that younger survivors suffer less trauma directly due to the age difference.

The only other variables that significantly predicted symptomatology were offender/relationship which was an additional predictor (along with severity) of anxiety, and time since assault which predicts 12% of variance for symptomatology on the CTCL-8. When attempting to pinpoint those individuals most at risk of psychological and health dysfunction, and development of PTSD, therefore, particular attention should be paid to survivors of recent assaults, severe assaults, and those carried out by known offenders. Such findings, highlight the need for swift intervention post-assault when trauma might be especially acute. Also, it appears that any assumption that rape by a known individual is less traumatic is erroneous. Awareness of this is a fact, within the media, general public, and Criminal Justice System, is necessary in order to prevent minimalisation of the trauma experienced by 'acquaintance' rape survivors.

CONCLUSIONS

This study has confirmed that some characteristics of a sexual assault, namely severity, offender/victim relationship, abuse duration, and time since assault, do effect the level of trauma experienced by it's survivors. Also, it was found that subjects were very much more likely to have been assaulted by someone they know, rather than a stranger. Attention, therefore, needs to be paid to educating the public about the prevalence of sexual assault by known individuals, especially if it has greater effects upon general health than assault by a stranger. Highlighted also, was the need to put a swift end to ongoing abuse, and the need for successful prevention programmes. It can be hoped that a full understanding of the effects and dynamics of sexual violence could not only raise awareness and increase the efficacy of prevention, but also prevent secondary victimisation by the police and Criminal Justice System.

SECTION 5.4

The Relationship between Survivor Attributions, Perceptions and Beliefs, and Recovery from Sexual Crimes

INTRODUCTION

Having examined the effect of specific assault characteristics upon psychological responses to sexual crimes, the next important focus of attention is the internal beliefs and attributions of the survivor. The attributions individuals make about the causes of negative events have been found to have a potentially important impact on recovery (e.g., Bulman & Wortman, 1977). Also, non-event specific beliefs and perceptions such as fear, perceived control and belief in a just world have also been found to be significantly related to psychological symptomatology (Bowers, 1968; Glass & Singer, 1972; Langer & Rodin, 1976).

Attributions of blame relating to sexual crimes have commonly been examined in relation to the attributions made by *others* about survivors of sexual crimes. The findings of such studies suggest the existence of a bias towards blaming the crime victim rather than the offender⁸⁹ (see Pollard, 1992). Nonetheless, a number of studies have also looked at the possible effects of blame attributions made by survivors about *their own* role in the victimisation experience. These studies have tended to focus upon the potential benefits of self-blame or other-blame (for criminal victimisation this tends to be the offender) in relation to recovery. However, there has been some inconsistency in the findings of such studies. For example, Janoff-Bulman (1979) suggested that blaming their own behaviour (behavioural self-blame) was more adaptive for survivors of sexual crimes than blaming their character (characterological self-blame) or other people. Winkel, Denkers and Vrij (1994) found this to be the

⁸⁹ See Chapter 3 for full discussion.

case for victims of house crime and suggested that due to their anonymous and invasive nature, parallels might be drawn between house crime and stranger rape. It has been suggested that the practice of blaming one's behaviour might have positive effects via increased feelings of control (Tennen & Affleck, 1990). However, studies that have directly examined the recovery of survivors of sexual crimes have produced contradictory findings. Specifically, studies by Becker, Skinner, Abel, Howell and Bruce (1982); Frazier (1990); Frazier and Schauben (1994); Meyer and Taylor (1986) have found that all types of self-blame are maladaptive in rape survivors. In addition, Meyer and Taylor (1986) suggested that splitting self-blame into behaviour and characterological categories may not actually be possible as the two types of attribution are highly correlated. For example, in blaming an aspect of their behaviour individuals might simultaneously blame the aspect of their character which led them to behave that way, or *vice versa*. Frazier (1990) also reported that survivors of sexual crime find it hard to differentiate between behavioural and characterological self-blame.⁹⁰ In other words, some concepts (such as being trusting) might be hard to categorise purely as behaviour or character.

It is possible, therefore, that there are no positive effects upon perceived control of any type of self-blame, for survivors of sexual crimes. The suggestion, however, that increased feelings of control might have a positive psychological effect has found some support (Bowers, 1968; Glass & Singer, 1972; Langer & Rodin, 1976), all of which examined general levels of control. Attempts to examine more specific types of control, for example the controllability of *future rapes*, however, found no correlation with recovery (Frazier & Schauben, 1994). It is possible, therefore, that it is the perceived level of control over one's whole life that leads to positive recovery. Indeed, a general loss of control and feelings of powerlessness have been found to be common reactions to sexual assault (LRCC, 1988).

⁹⁰ See Chapter 3 for a discussion of the methodological effectiveness of a split between behavioural and characterological self-blame.

It has been suggested that there is a relationship between decreased perceptions of control and increased levels at which individuals fear crime. High levels of fear are common in survivors of sexual crime (see Koss & Harvey, 1991). High levels of fear have been found to increase anxiety levels and inhibit an individual's behaviour. The restoration of perceptions of control and attempts to decrease an individuals levels of fear, therefore, would be a necessary aspect of rape crisis intervention.

A concept that may tie together feelings of control and fear is the extent to which an individual believes in a just world. Belief in a just world entails the belief that bad things tend only to happen to bad people who, by being bad, have done something to deserve them (Lerner & Simmons, 1966). Therefore, as individuals generally believe themselves to be good, they can believe themselves to be invulnerable to negative events. If one has a low level of belief in a just world, it is likely that they will feel they have little control over their life and fear negative events. Levels of belief in a just world have not been examined where the specific focus of the research is upon survivors of sexual violence. It would seem likely, however, that the extent to which their victimisation experience diminished their belief in a just world would have a consequent effect upon their perceptions of control and fear and, therefore, their recovery.

HYPOTHESES

The hypotheses examine in this section are:

- i) All types of self-blame will be related to poorer recovery than where blame is attributed to the offender.
- ii) Blame type will be unrelated to perceptions of control.
- iii) Perceptions of general control will be negatively correlated with levels of fear, and increased fear and decreased control will be related to poor recovery.
- iv) Low levels of belief in a just world will be related to low levels of control and high levels of fear.

- v) A high level of change in belief in a just world as a result of the victimisation experience will be related to poor recovery.

METHODOLOGY

Subjects were coded on the variables as follows:

Blame: Due to the possible lack of validity in coding individuals as behavioural or characterological self-blammers, all individuals who engaged in self-blame of any type were coded as *self-blammers*, and all those who blamed the offender only were coded as *other blammers*.

Control, Fear and Just World Change: Control, fear and just world change were coded on six-point scales with higher scores representing higher levels of control, fear and perceived change in belief in a just world.

Level of Just World Belief: All subjects completed the twenty question Just World Scale, on which scores could range from 0-100, with higher scores representing a higher level of belief in a just world.

Dependent measures were the General Health Questionnaire-28, Trauma Symptom Checklist-33, Impact of Events Scale, and Concise Trauma Checklist-8.

RESULTS

Directly after the event, 26 subjects engaged in self-blame only⁹¹ and 11 engaged in other blame only. The remaining subjects engaged in a combination of self- and other-blame (dual blame), and had to be excluded from analysis due to small cell size. Non-parametric ANOVA's showed significant differences between subjects who engaged in self-blame only and those who engaged in other-blame only. Means, Z scores, and significance levels are shown in Table 5.9. The means for self vs. other blame are portrayed in Figures 5.7 and 5.8 (* =

⁹¹ Of these 26 subjects, 10 reported that they engaged in behavioural self-blame only (i.e., felt they were to blame because of something they did), 8 reported that they engaged in characterological self-blame only (i.e., felt they were to blame because of the person they are), and the remaining 8 reported that they engaged in behavioural and characterological self-blame. In other words, almost a third of self-blammers did not distinguish between behavioural and characterological self-blame. It should also be noted that it is not possible to ascertain whether all subjects used the same criteria to assign their blame to behavioural or characterological categories.

$P < 0.05$; ** = $P < 0.01$).

Table 5.9

EFFECT OF BLAME TYPE ON SYMPTOMATOLOGY					
MEASURE	BLAME TYPE Mean Scores		df	Z	P
	Self	Other			
GHQ-28 Total	37.08	20.27	1,34	-2.68	0.007**
~ Anxiety	10.58	6.09	1,35	-2.46	0.014*
~ Depression	7.92	1.27	1,34	-2.58	0.009**
~ Social Dysfunction	9.64	7.73	1,34	-1.35	0.176
~ Somatic Symptoms	9.81	5.18	1,35	-2.97	0.003**
CTCL-8	8.46	3.09	1,35	-2.35	0.019*
IES Total	26.00	11.00	1,35	-1.76	0.079
~ Avoidance	13.00	5.00	1,35	-1.76	0.079
~ Intrusion	13.00	6.00	1,35	-1.62	0.104
TSCL-33 Total	46.58	24.73	1,35	-3.16	0.002**
~ Anxiety	11.50	5.45	1,35	-2.99	0.003**
~ Depression	14.92	8.55	1,35	-2.85	0.004**
~ Dissociation	14.00	3.18	1,35	-2.35	0.019*
~ PSAT	8.96	4.64	1,35	-2.65	0.008**
~ Sleep Disturbance	8.00	6.64	1,35	-1.36	0.173
* = 95% significance level ** = 99% significance level					

Figure 5.4

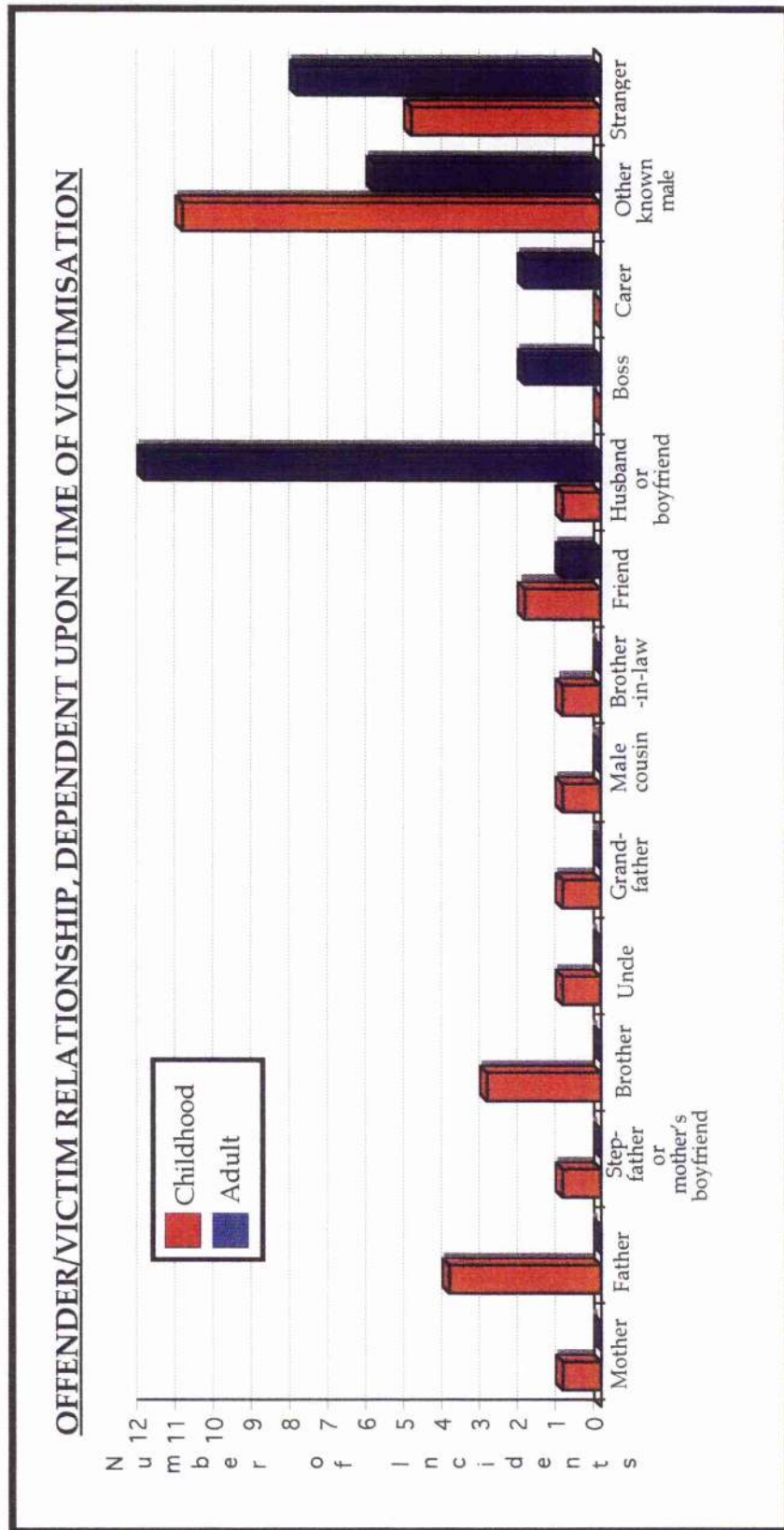
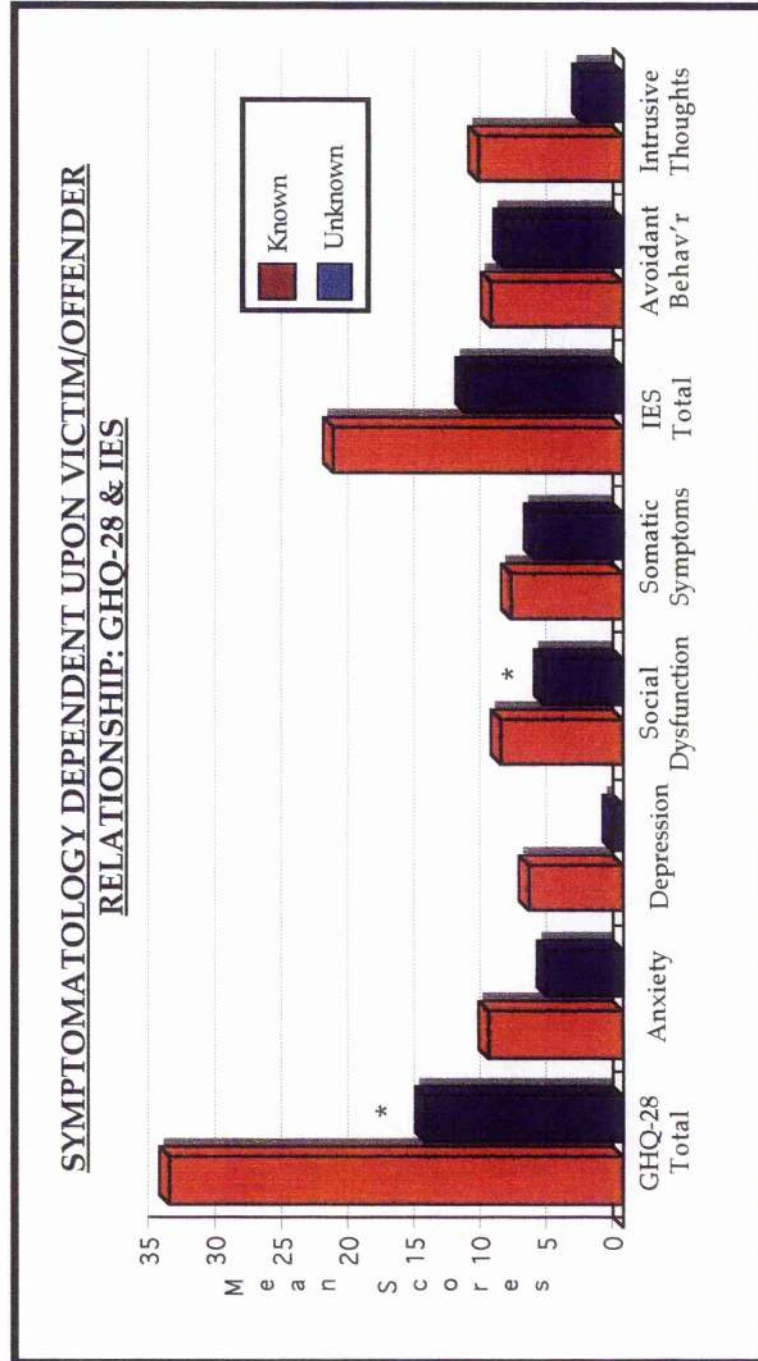


Figure 5.5



Spearman's non-parametric correlations showed blame type was not related to perceived level of control ($N=35$; $r=0.057$; sig. of $r=0.74$), fear ($N=32$; $r=-0.087$; sig. of $r=0.62$), change in just world belief (JW Change) ($N=35$; $r=-0.265$; sig. of $r=0.11$) (see Figure 5.9). Perceptions of control, however, were significantly correlated with levels of fear ($N=36$; $r=-0.69$; sig. of $r=0.000$). Both perceived control, levels of fear, and also perceived change in belief in a just world were found to be significantly correlated with a number of symptomatology measures (see Table 5.10). These correlations indicate that lower levels of control, and higher levels of fear, and change in just world belief (JW change) are related to higher symptomatology.

As blame, control, fear⁹² and change in belief in a just world were found to be so highly related to symptomatology, four step-wise multiple regression analyses were carried out to ascertain whether these perceptions could be predicted from assault characteristics. The independent measures entered into the regressions⁹³ were age at the time of assault (in years), time since last victimisation experience (in years), number of victimisation events, severity of abuse (full rape, forced sexual acts or molestation), and offender/victim relationship (stranger or known). Table 5.11 shows those independent measures which were found to be significant predictors of blame, control, fear and change in belief in a JW change, along with related Beta, Adjusted R square scores, and significance levels.

Finally, all four independent variables (blame, control, fear, JW change) were entered into a number of step-wise multiple regressions. These were carried out to ascertain which variables are the best predictors of symptomatology. Also entered into these regressions was subject's total score on the Just World Scale, in order to ascertain whether actual level of belief was a predictor of symptomatology. All significant predictors of measures, Beta scores,

⁹² Despite the fact that control and fear were correlated with each other, they were found to be individually correlated to symptomatology measures at *differing* levels, and were therefore, both included in the regression. Their relationship to each other, however, should be borne in mind in interpreting the regression analysis.

⁹³ See Section 5.3 for rationale behind use of regression analysis.

adjusted R squared scores, and significance levels of predictors are shown in Table 5.12.

Figure 5.6

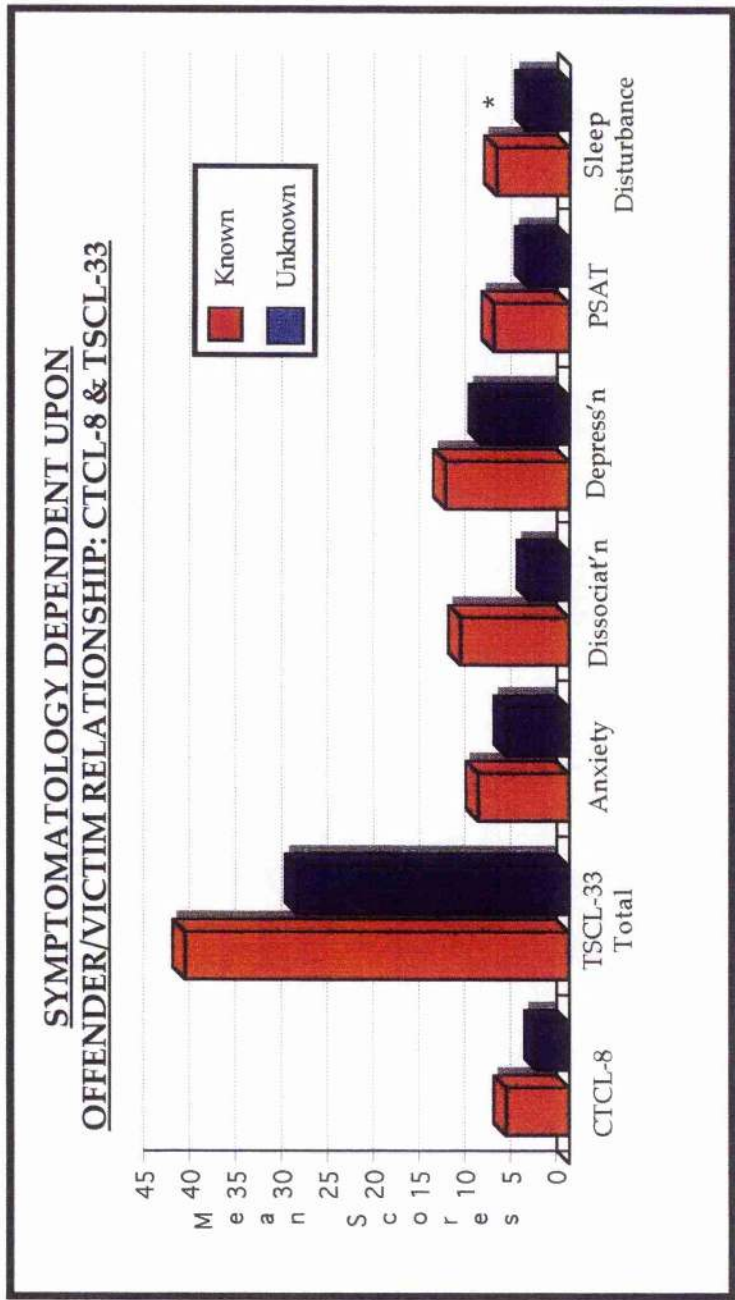


Table 5.10

RELATIONSHIP BETWEEN PERCEPTIONS AND SYMPTOMATOLOGY						
MEASURE	Control		Fear		JW Change	
	r	Sig. of r	r	Sig. of r	r	Sig. of r
GHQ-28 Total	-0.49	0.001**	0.42	0.012*	0.59	0.000**
~ Anxiety	-0.45	0.003**	0.46	0.004**	0.43	0.004**
~ Depression	-0.46	0.003**	0.45	0.006**	0.26	0.107
~ Social Dysfunction	-0.37	0.019*	0.18	0.193	0.46	0.003**
~ Somatic Symptoms	-0.27	0.078	0.23	0.157	0.54	0.000**
CTCL-8	-0.49	0.001**	0.44	0.005**	0.44	0.004**
IES Total	-0.37	0.015*	0.46	0.003**	0.48	0.001**
~ Avoidance	-0.35	0.024*	0.43	0.007**	0.43	0.004**
~ Intrusion	-0.40	0.009**	0.47	0.003**	0.51	0.001**
TSCL-33 Total	-0.46	0.002**	0.52	0.001**	0.41	0.007**
~ Anxiety	-0.32	0.041*	0.45	0.005**	0.40	0.008**
~ Depression	-0.54	0.000**	0.45	0.005**	0.33	0.33*
~ Dissociation	-0.33	0.034*	0.47	0.003**	0.46	0.002**
~ PSAT	-0.52	0.000**	0.63	0.000**	0.47	0.002**
~ Sleep Disturbance	-0.49	0.001**	0.36	0.026*	0.34	0.024*
*= 95% significance level **= 99% significance level						

Table 5.11 - SUMMARY OF REGRESSION ANALYSIS

SIGNIFICANT ASSAULT PREDICTORS OF PERCEPTIONS				
Dependent Measure	Assault Factor	Beta	Adjusted R ²	Sign. of T
BLAME TYPE (Self or Other)	None			
CONTROL	Time Since Severity	0.45 0.37	0.36	0.009** 0.026*
FEAR	Time Since	-0.38	0.11	0.046*
JW CHANGE	None			
*= 95% significance level **= 99% significance level				

Table 5.12 - SUMMARY OF REGRESSION ANALYSIS

SIGNIFICANT PREDICTORS OF SYMPTOMATOLOGY				
MEASURE	Variable	Beta	Adjusted R ²	Sign. of T
GHQ-28 Total	Blame	-0.28	0.55	0.031*
	Control	-0.42		0.002**
	JW Change	0.28		0.007**
GHQ-28~ Anxiety	Control	-0.36	0.38	0.022*
	JW Change	0.42		0.007**
GHQ-28 ~ Depression	Blame	-0.37	0.36	0.015*
	Fear	0.48		0.002**
GHQ-28 ~ Social Dys.	Control	-0.56	0.29	0.001**
GHQ-28~ Som. Sympt.	Blame	-0.37	0.42	0.011*
	JW Change	0.47		0.002**
CTCL-8	Blame	-0.31	0.48	0.025*
	Control	-0.40		0.005**
	JW Change	0.32		0.028*
IES Total	Blame	-0.27	0.47	0.047*
	Control	-0.40		0.007**
	JW Change	0.34		0.018*
IES ~ Avoidance	JW Change	0.47	0.20	0.005**
IES ~ Intrusion	Control	-0.47	0.50	0.001**
	JW Change	0.42		0.004**
TSCL-33 Total	Blame	-0.38	0.51	0.005**
	Control	-0.29		0.034*
	JW Change	0.39		0.007**
TSCL ~ Anxiety	Blame	-0.35	0.49	0.011*
	JW Change	0.55		0.000**
TSCL ~ Depression	Blame	-0.45	0.43	0.002**
	Control	-0.47		0.001**
TSCL ~ Dissociation	NONE			
TSCL ~ PSAT	Blame	-0.29	0.55	0.025*
	Fear	0.36		0.013*
	JW Change	0.38		0.012*
TSCL~ Sleep Disturb.	Control	-0.54	0.27	0.001**
* = 95% significance level ** = 99% significance level				

DISCUSSION

In line with the first hypothesis and the findings of several other studies that have examined recovery from sexual victimisation (e.g., Frazier, 1990; Frazier & Shauben, 1994; Meyer & Taylor, 1986), it was found that self-blame was related to higher symptomatology on general health and traumatic symptomatology measures than other-blame. Those studies which either found (e.g., Winkel et al., 1994), or suggested (e.g., Janoff-Bulman, 1979) that self-blame could prove adaptive, did so on the basis that it increased perceptions of control. However, in this study blame type was not related to perceptions of general control. Neither was it correlated with perceptions of fear or change in belief in a just world. It may therefore, be the case that self-blame alone negatively impacts recovery from sexual victimisation, perhaps by reducing self-esteem, and fails to have any positive effect on other perceptions. Whilst this lack of relationship between blame and control for survivors of sexual crimes might explain why the present findings conflict with studies of victims of burglary, it also draws attention to the problem of drawing comparisons between victims of different types of crime. Perhaps the most important implication of these data, however, is that intervention strategies that attempt to alter the self-blame attributions of survivors should be encouraged. This finding might also add to an understanding of why survivors find the experience of giving evidence in court, where they might be accused of being responsible for the rape, so traumatic.

Due to the relationship between self-blame attributions and poor recovery, it is important to ascertain whether assault factors are related to the likelihood of blaming one's self for the event. A multiple regression on the present data revealed that none of the assault characteristics entered (age at victimisation, time since victimisation, number of victimisation events, severity of abuse, and offender/victim relationship) were predictive of blame type. It may be that some assault characteristic not examined in the present study is predictive of blame type. Alternatively, it may be the case that there are pre-assault characteristics of

individuals that predict the likelihood of self- or other-blame. This being so, an important area for future research would be to ascertain those characteristics of individuals which predict blame type, in order that those survivors most at risk of engaging in negative self-blame attributions can be targeted and provided with successful intervention as soon as possible post-assault.

As hypothesised, decreased control was related to increased fear, and these were, in turn, related to increased change in belief in a just world. Also, each of these factors was found to be related to increased symptomatology on almost every measure of general health, traumatic and PTSD predictive (i.e., intrusive thoughts and avoidant behaviours) symptomatology. As such, it appears that the general perceptions of survivors post-assault are an important focus of attention. It is possible that the victimisation event has produced an inter-related cluster of negative cognitions which serve to increase feelings of vulnerability, apprehension, and impotence, whilst affecting psychological and health-related symptomatology. Alternatively, it may be the case that the high levels of trauma experienced by survivors of sexual crimes result in the development of these negative perceptions. Unfortunately no assumptions can be made about the nature of the causal relationship between attributions, perceptions and recovery. Indeed, it may be the case that high levels of trauma increase negative cognitions, which in turn serve to increase trauma producing a feedback loop. Nonetheless, the ability to pinpoint those attributions and perceptions *related* to increased symptomatology allows cognitive intervention strategies to focus on the attributions and perceptions related to poor recovery from sexual victimisation.

As with blame, if these perceptions are related to poor recovery from sexual victimisation, it is important to ascertain whether there are assault characteristics which might predict them. Multiple regression analysis showed that the amount of time since their last victimisation experience predicted levels of fear and, in conjunction with assault severity, also predicted levels of control.

More recent victimisation events and more severe assault were related to higher levels of fear and lower levels of control. There were, however, no significant predictors of change in belief in a just world.

These findings suggest that survivors are especially likely to feel they have no control, and be fearful soon after the event, and that support services need to be made available to survivors as soon after assault as possible, in order that these negative perceptions can be tackled. A societal attitude that encourages and accepts swift disclosure of sexual abuse and rape also clearly needs to be cultivated. These results also suggest that the perceptions of survivors who experience particularly severe assaults should be given particular attention. The fact that change in belief in a just world was not related to any assault characteristics could be due to one of two things. It may be that this change comes about as a result of changes in feelings of control and fear. Alternatively, it may be that the very fact that the assault itself took place may reduce belief in a just world, and the degree of reduction may be related to some pre-assault characteristic. This is another area that merits future research attention.

Having ascertained that self-blame, low perceptions of control, high level of fear, and a large change in belief in a just world are related to high levels of symptomatology, an understanding of which of these variables is most predictive of symptomatology would have important implications for support workers. If an individual was exhibiting a specific groups of symptoms (e.g., anxiety, depression) then the negative perceptions, related to these symptoms, could be afforded specific attention during cognitive intervention.

Multiple regression analysis showed scores on all symptomatology measures utilised, other than dissociation, were predicted by one or more variable. It may be the case, therefore, that these negative perceptions should be tackled as a whole in order to produce a reduction in symptomatology. However, this analysis also suggests that there might be a relationship between specific types of symptomatology and specific types of perceptions. For example,

social dysfunction is predicted by levels of perceived control, as is sleep disturbance, whereas avoidant behaviours are predicted by a change in just world belief. Meanwhile, levels of dissociation, as measured by the TSCL-33 bear no relation to the attributions or perceptions measured in this study. This suggests that the trauma resultant from sexual victimisation is not a unitary concept, nor are negative cognitions. Therefore, attempts to reduce certain types of symptomatology might be able to focus on certain types of negative cognitions, and conversely the existence of certain negative cognition might be taken as pointers towards the existence of certain types of symptomatology.

Regression analysis also produced different predictors for general health (GHQ-28) and trauma-related (TSCL-33) anxiety and depression. Intervention strategies, therefore, may need to make the distinction between these types of symptomatology in order to prove effective. Finally, the fact that *total* level of just world belief was not a predictor of any measure of symptomatology, suggests that it may not be the actual post-assault beliefs of survivors that are related to recovery, rather it is the extent to which they see their beliefs as having been altered. This might be seen to validate the use of self-report measures in this type of study, and also suggest that care should be taken to prevent any further distortion of beliefs through secondary victimisation.

CONCLUSIONS

This study suggests that the attributions survivors make about their victimisation, and their post-assault perceptions may have a significant relationship to their recovery. Self-blame, decreased control, increased fear, and a high level of change in belief in a just world were all found in this study to be related to high levels of general health and trauma-related symptomatology. This suggests not only that cognitive intervention should tackle negative perceptions and attributions as a whole, to produce more positive recovery outcomes, but also that it might be possible to use the existence of certain

perceptions to predict certain types of symptomatology, and *vice versa*. Continued research aimed at establishing a greater understanding of the relationship between different types of symptomatology and different types of attributions and perceptions, therefore, would be of benefit for medical, psychiatric and cognitive intervention personnel. Despite the fact that this type of research cannot ascertain the direction of a causal relationship, the findings of this study do suggest that care should be taken not to compound the negative attributions or further distort the beliefs of survivors as it is possible this might have negative effects upon their recovery.

Finally, this study has highlighted the need for future research into what characteristics of sexual assaults or individual survivors might predict negative attributions and perceptions, so those individuals most at risk can be pinpointed and provided effective support.

CHAPTER SIX

The Relationship between Post-Assault Interactions and Recovery from Sexual Crimes

INTRODUCTION

Sexual abuse and rape have been found to have a particularly traumatic effect upon survivors. High levels of post-assault symptomatology have been found to be related to certain characteristics of the assault and the nature of survivor attributions and perceptions.⁹⁴ Bearing this in mind, it might be hoped that the course of action taken by survivors post-assault would, on the whole, act to aid recovery. Disclosure of rape and abuse should meet with supportive attitudes; seeking medical intervention should result in alleviation of physical symptoms; and report to the police should result in, at best, conviction of the offender, and at worst the opportunity for the survivor to have their victimisation recorded and taken seriously. This, however, may not always be the case.

Since 1975, when Susan Brownmiller highlighted the negative responses survivors are in danger of encountering should they disclose, a number of researchers have tackled the issue of secondary victimisation (negative reactions and interactions post-assault which exacerbate trauma). Whilst the majority of this research has focused on survivors' interactions with the police and legal system (e.g., Estrich, 1987; Kennedy, 1992), negative attitudes of significant others, psychiatrists, medical professionals and society as a whole, toward survivors of sexual crimes have also been reported (e.g., Madigan & Gamble, 1991).

In light of this, it is less than surprising that a large number of survivors fail to report the crime to the authorities (e.g., McLaughlin, Dobash & Dobash, 1990; Russell, 1984), and some never disclose to anyone (Warshaw, 1988). Everill and Waller (1995), however, studied 49 female survivors of childhood sexual

⁹⁴ See Chapter 5.

abuse and found that the majority of those who had attempted to disclose had received a positive response (27 out of 34). This might be seen to suggest that survivors on the whole make wise decisions about whom they should disclose to. This study, and one carried out by Tufts (1984) also found that a negative response to disclosure was directly related to poor recovery, although a positive response did not directly help alleviate symptomatology. The person to whom survivors feel they can most effectively disclose, might differ depending upon their age at the time of abuse. Lamb and Edgar-Smith (1994) found that the person to whom survivors of CSA most commonly disclose, is a parent followed by a sibling, whereas survivors of adult abuse were more likely to disclose to a close friend or caring professional. This again suggests that survivors disclose to individuals close to them who they feel will be most able to offer support.

The attitudes of the significant others to whom survivors disclose may not only be directly related to symptomatology, but may also affect the courses of action they choose to take post-assault. In a study of the likelihood of crime victims to report their experience to the police, Winkel and Vrij (1993) accumulated evidence from previous studies which showed that likelihood to report a crime to the police was often related to reactions of significant others, and expected negative police reactions (e.g., Feldman-Summers & Ashworth, 1981; Ruback, Greenberg & Westcott, 1984; Van der Heijden, 1984). Winkel and Vrij's study found that information campaigns could successfully raise an individual's likelihood to report and perceived likelihood of positive outcomes. Whilst this has obvious positive implications for increasing report rate which appears remarkably low (e.g., Van der Heiden, 1984), it remains important that those survivors of sexual crimes who do report to the police do not have false expectations about the treatment they will receive. Berliner and Conte (1995) suggested that evidence points towards "delay in resolution" being involved in impaired recovery. The possibility, therefore, should also be borne in mind that distress may also result from anger at *not* having reporting to the police.

The one post-assault course of action that might be expected to always have positive outcomes is support seeking. Indeed, Foa, Rothbaum and Steketee (1993) reported that a number of support methods, namely crisis intervention, cognitive therapy (designed to alter distorted beliefs and perceptions) and systematic desensitization (designed to reduce the presence of rape related anxiety) have been found to produce positive results for survivors of sexual violence. Despite this, many studies have found that few survivors seek support (e.g., Burnam, Stein, Golding, Siegel, Sorenson, Forsythe & Telles, 1988; Kilpatrick et al., 1987; Kimerling & Calhoun, 1994; Koss, 1988).

The positive effects of intervention may not be apparent through simple comparisons of those individuals who seek support and those who do not. In fact, a number of studies have found that symptomatology is significantly higher for support seekers (e.g., Johnson & Kenkel, 1991; Gomes-Schwartz, Horowitz & Cardarelli, 1990; Wyatt and Newcomb, 1990). This does not necessarily suggest that the support itself increases trauma. In a review of the related literature Spaccarelli (1994), stated that, disclosure and seeking support may be *"stressful and anxiety provoking in the short term but adaptive in the long run"*, although they do not discount the possibility that the relationship between high symptomatology and support seeking could be in the opposite direction. Alternatively, both Kimerling and Calhoun (1994) and McNulty and Wardle (1994) suggest that high levels of trauma symptomatology may be what encourage some individuals to seek support. It is possible that examination of the reasons why individuals seek, or do not seek support following sexual assaults would shed light on the relationship between support and symptomatology.

The present study seeks to examine the dynamics and outcome of disclosure, report, and support seeking in the hope of providing a clearer picture of the reasons for, and effects of, the post-assault actions of survivors of sexual crimes. Both the effects of various courses of action upon symptomatology and

qualitative information about why individual survivors chose specific courses of action, will be examined. To provide additional information about the courses of action taken, this study will also attempt to ascertain whether certain assault characteristics and survivor attributions are related to post-assault courses of action.

HYPOTHESES

The hypotheses for the present study are as follows:

- i) Receiving a positive reaction to disclosure of sexual victimisation would not be related to decreased symptomatology, whilst a negative reaction would be related to increased symptomatology.
- ii) Survivors who disclose their victimisation will base their decisions about who should receive that disclosure on the perceived ability of that person to offer practical or emotional support.
- iii) The majority of survivors would not have reported their experiences to the police.
- iv) Decisions not to report the incident to the police would be based upon survivor expectations of negative police response, whilst decisions to report would not be based upon the belief that it would lead to punishment of the offender.
- v) Symptomatology would be related to happiness with the course of action taken (whether to report or not).
- vi) The majority of survivors would not have sought support.
- vii) Those individuals engaged in ongoing support would exhibit higher levels of symptomatology than those who did not seek support and who no longer received support. Related to this, it is expected that the majority of survivors who do not seek support do so because they do not feel it is necessary, suggesting higher levels of trauma lead to support seeking, and not *vice versa*.

METHODOLOGY

The 42 subjects who were sexually assaulted were coded as to whether they had disclosed the incident, reported the incident to the police, and sought support. Data were gathered concerning the reasons why subjects had chosen the course of action they had, who they disclosed to, what they felt they had gained from support (if sought) and how happy they were with their report decision. Subjects responded to a number of specific response options or had the opportunity to give an alternative response (few subjects felt this was necessary). For qualitative data, subjects could provide more than one response to any specific question, therefore response percentages will exceed 100. When examining the relationship between course of action and symptomatology, dependent measures were subjects scores on the GHQ-28, CTCL-8, TSCL-33 and IES. Higher scores on all these measures indicate higher levels of symptomatology.

RESULTS

Disclosure: 70% of subjects who experienced victimisation during childhood (N=30), and 73% of subjects victimised as adults (N=26)⁹⁵ disclosed the experience, see Figure 6.1. The recipient of disclosure, and reason why that person was chosen is shown in Figure 6.2 and 6.3. These figures show that for childhood experiences 44% disclosed within the family (most commonly a sister) and 43% disclosed to a close friend. The majority did so because they felt they could trust this person, and/or they would be supportive. For subjects victimised as adults, 29% disclosed within the family (most commonly their mother), and 37% disclosed to a close friend. Again, the majority did so because of expected positive reactions from this person. Most subjects (75% childhood; 78% adult) received a positive reaction to disclosure, although subjects who were victimised in childhood were slightly more likely to be blamed by the recipient of

⁹⁵ 14 subjects had experienced sexual victimisation in childhood and as adults and therefore feature in both categories. Recipient and effect of disclosure was examined regardless of the time elapsed between victimisation and disclosure, as exact measure of this time variable was not obtained.

their disclosure, see Figure 6.4. Data showed 75% of those who received negative reactions blamed themselves for the assault, which is somewhat higher than the 66% of other survivors who engaged in negative self-blame attributions.⁹⁶ For those subjects who chose not to disclose, the principle reasons why they did not were that they couldn't talk about it (57% childhood; 14% adult), and/or that they felt there was no one they could talk to (57% childhood; 57% adult), see Figure 6.5.

For the purposes of analysis, subjects were divided into a disclosed group (N=29) if they had disclosed all their sexual victimisation experiences, and a non-disclosed group if they had not disclosed any (N=7). The remaining six subjects had had more than one victimisation experience, and had disclosed some though not others, and were therefore excluded from the analysis. Non-parametric ANOVAs were used to compare disclosers with non-disclosers on all measures of symptomatology. No significant differences were found for any measure. Of the 29 disclosers, 25 had experienced *only* positive reactions from the individual to whom they had disclosed, 1 subject experienced *only* negative reactions, and the remaining 3 subjects experienced a mixture of positive and negative reactions. Due to the small cell sizes, no comparisons could be made between those who had experienced positive or negative reactions. However, non-parametric ANOVAs were employed to compare those disclosers who had experienced only positive reactions and non-disclosers on all symptomatology measures. Again, no significant differences were found between these two groups on any of the symptomatology measures. See Figure 6.6 (i) and (ii).

⁹⁶ See Chapter 5, Section 4 for discussion of the effects of self-blame.

Figure 6.1

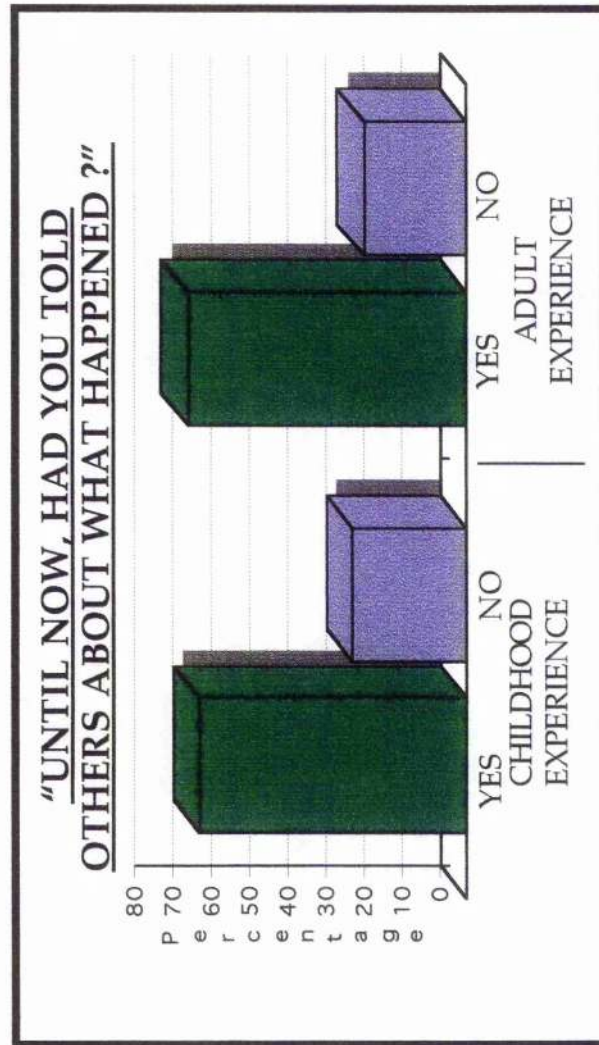


Figure 6.2

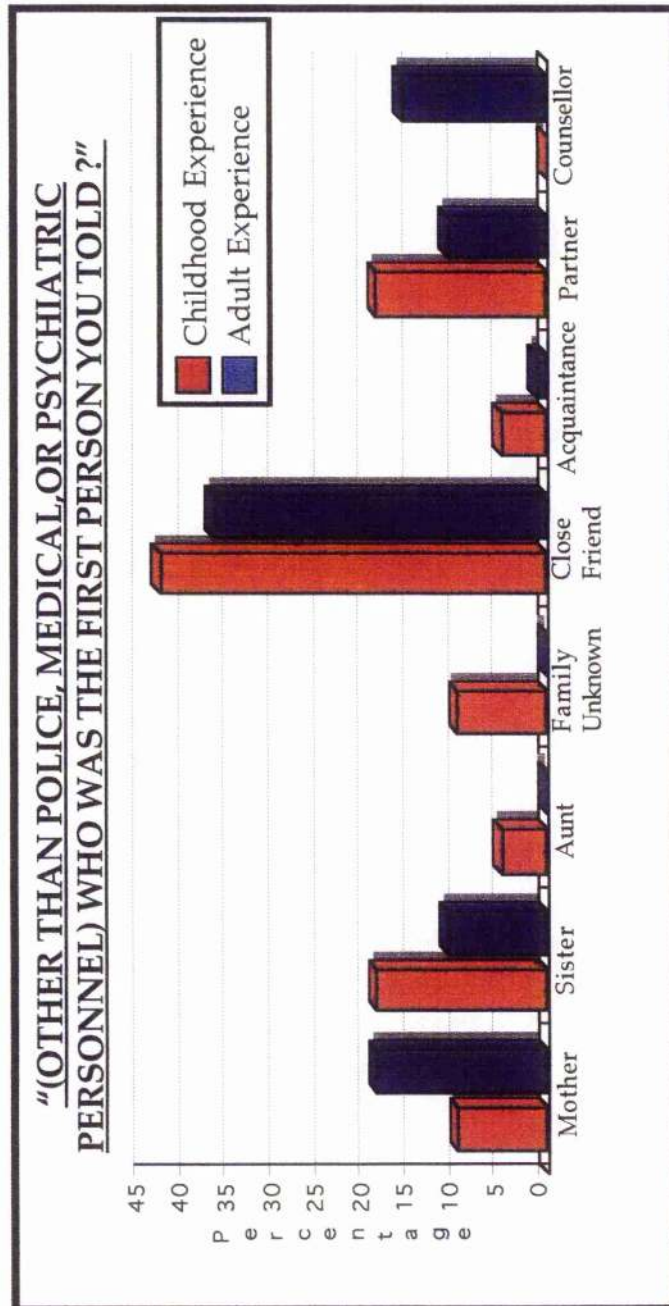


Figure 6.3

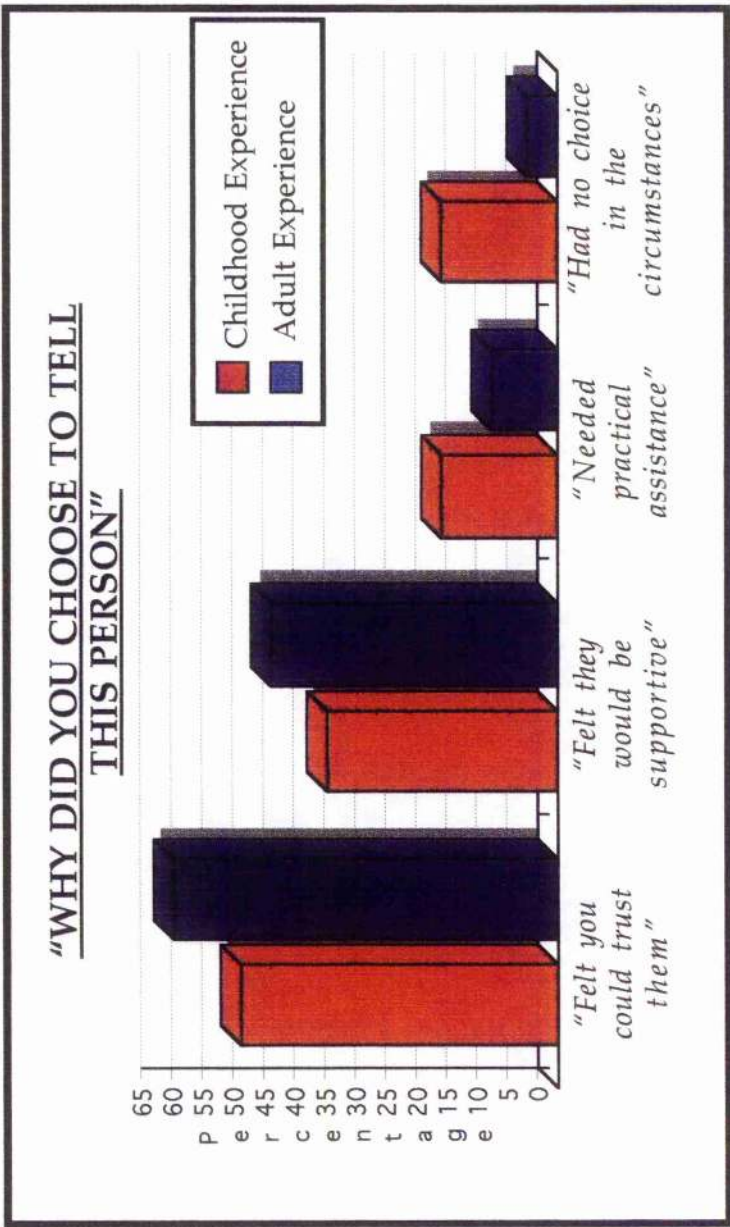


Figure 6.4

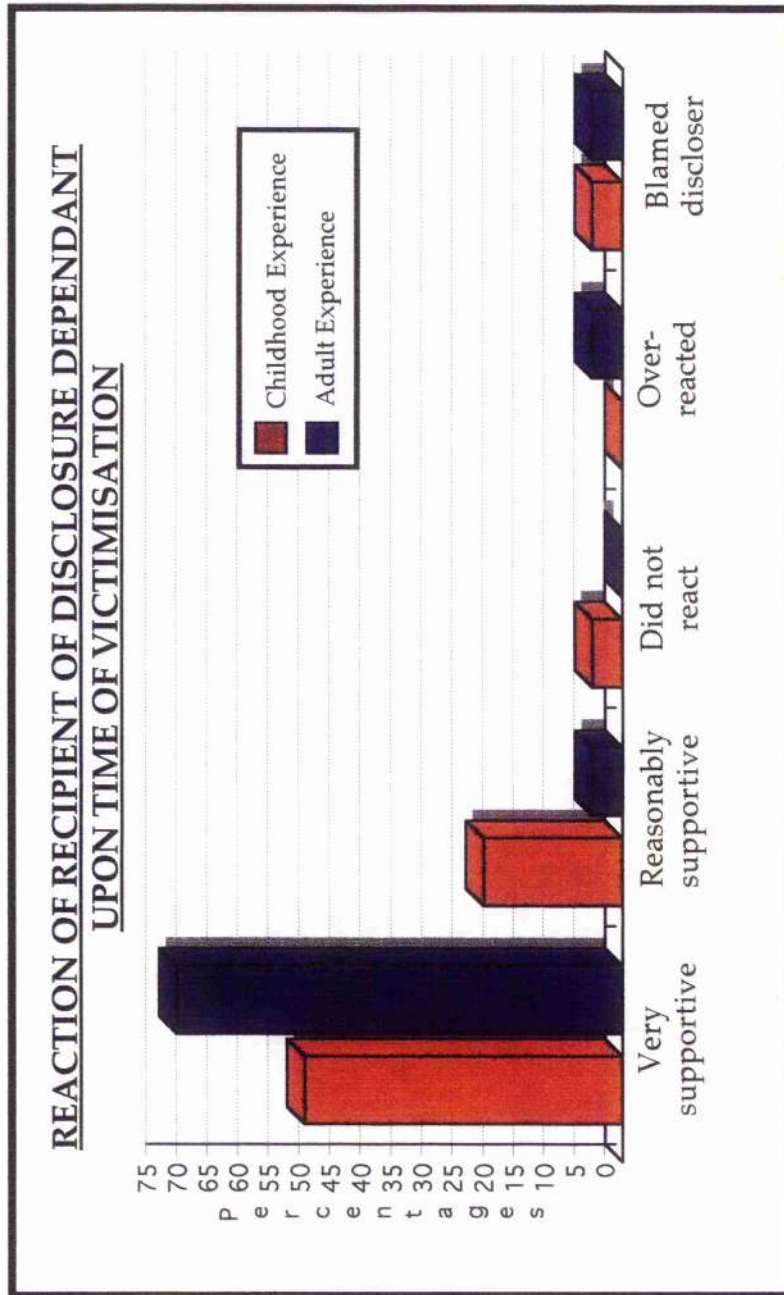


Figure 6.5

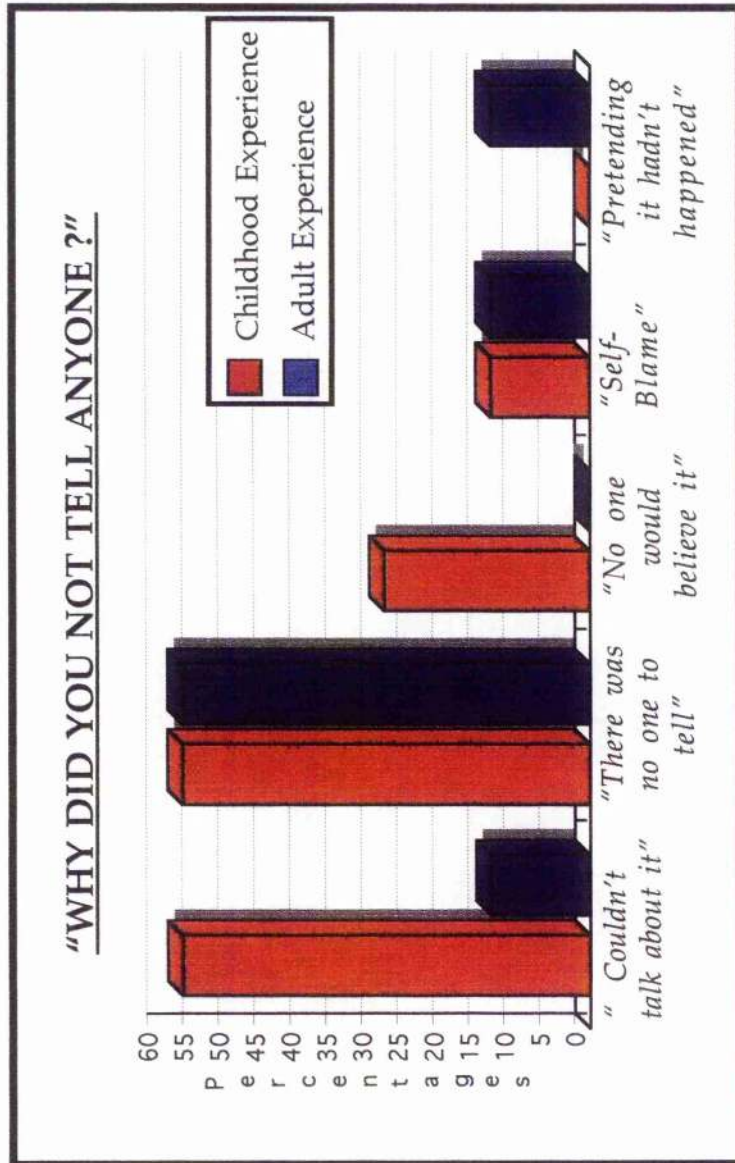
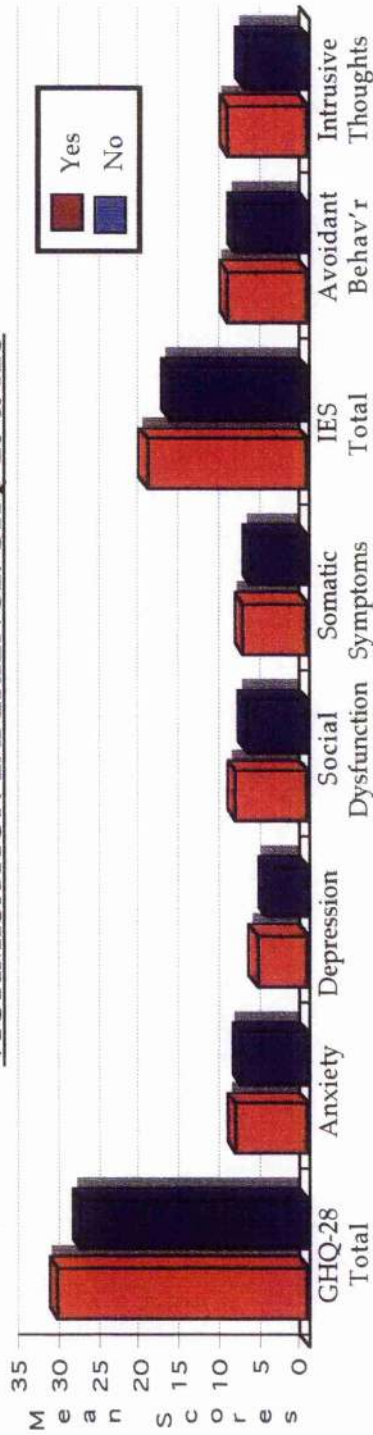


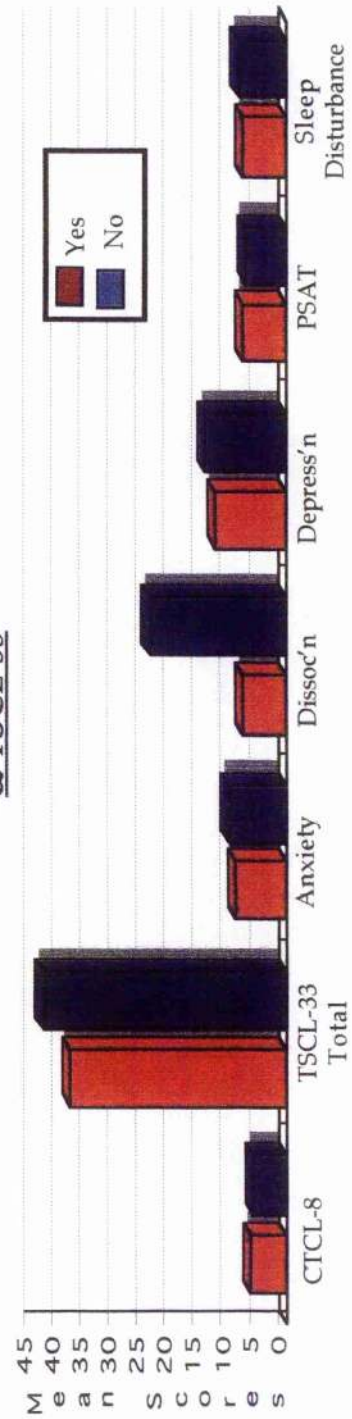
Figure 6.6 (i)

**SYMPTOMATOLOGY DEPENDENT UPON DECISION TO DISCLOSE
VICTIMISATION EXPERIENCE: GHQ-28 & IES**



(ii)

**SYMPTOMATOLOGY DEPENDANT UPON DISCLOSURE DECISION: CTCL-8
& TSCL-33**



Report: The majority of subjects (both those who experienced childhood and adult victimisation) did not report the experience to the police, see Figure 6.7. Due to the unlikelihood that subjects under 16 years at time of victimisation would *personally* choose to report (rather than a care-giver making the decision), only those subjects victimised as adults were asked why they had chosen the course of action they had. Figure 6.8 shows that the majority who did not report (N=20) gave a reason concerning the police (only 4 subjects did *not* give a reason concerning the police). Figure 6.9 shows that for the minority of subjects (N=6) who chose to report, most did so because it seemed the obvious thing to do, and few did so because they felt this would result in the offender being punished. Of the 11 subjects (including survivors of childhood sexual abuse) whose victimisation was reported to the police, only 1 case preceded to court. Obviously, it was not possible to consider the possible effects of court attendance. The one subject who had gone to court, reported feeling angry after their court experience.

All subjects were assigned to a report (N=11) or non-report (N=31) group for the purpose of analysis, on the basis of whether they had reported *any* victimisation experience. Non-parametric ANOVAs were employed to compare symptomatology of reporters with that of non-reporters. Reporters scored higher (i.e., showed higher levels of symptomatology) than did non-reporters on most measures. This difference reached significance only on the measure of the GHQ-28 social dysfunction subscale ($df=1, 38$; $z=-2.05$; $p=0.041$). Mean levels of symptomatology dependent upon report decision are shown in Figures 6.10 (i) and (ii).

All subjects were asked how they felt about their decision to report or not to report. Ten subjects said that they experienced positive emotions in relation to their decision and 18 reported negative emotions. Figure 6.11 shows the type of emotions individuals experienced concerning their report decision. This figure suggests that subjects who reported were more likely to feel happy, angry

or disappointed with their decision compared to non-reporters, whilst those subjects who did not report were more likely to feel sadness in relation to their decision. Mean levels of symptomatology for each group (reporter positive reaction vs. negative reaction; non-reporters positive reaction vs. negative reaction) are shown in Figures 6.12 (i) and (ii). Non-parametric ANOVAs were used to compare symptomatology between individuals who experienced positive or negative emotions concerning their decision dependent upon whether they chose to report or not. It can be seen that on most measures those individuals who were positive about their decision showed lower levels of symptomatology than those who were negative about their decision, with this difference being more pronounced for reporters. The difference in levels of symptomatology, however, only reached significance for reporters on the CTCL-8 ($df=1, 9$; $z=-2.08$; $p=0.037$), and the GHQ-28 depression subscale ($df=1, 8$; $z=-1.96$; $p=0.049$). No other comparisons reached statistical significance.

Figure 6.7

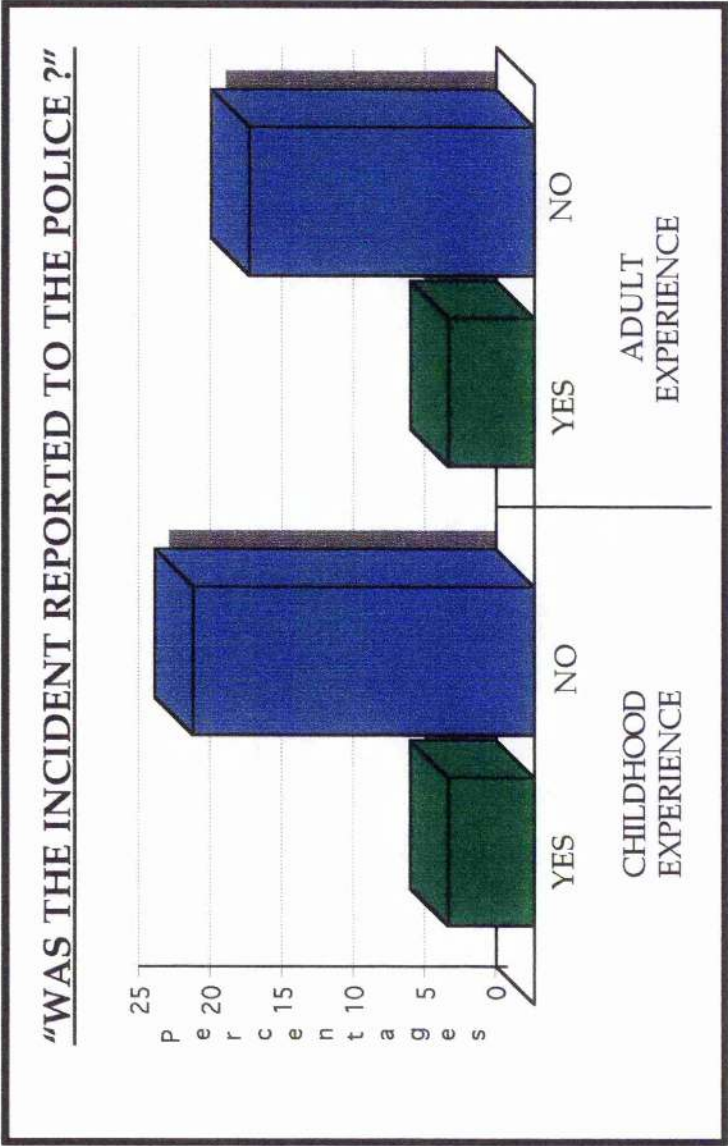


Figure 6.8

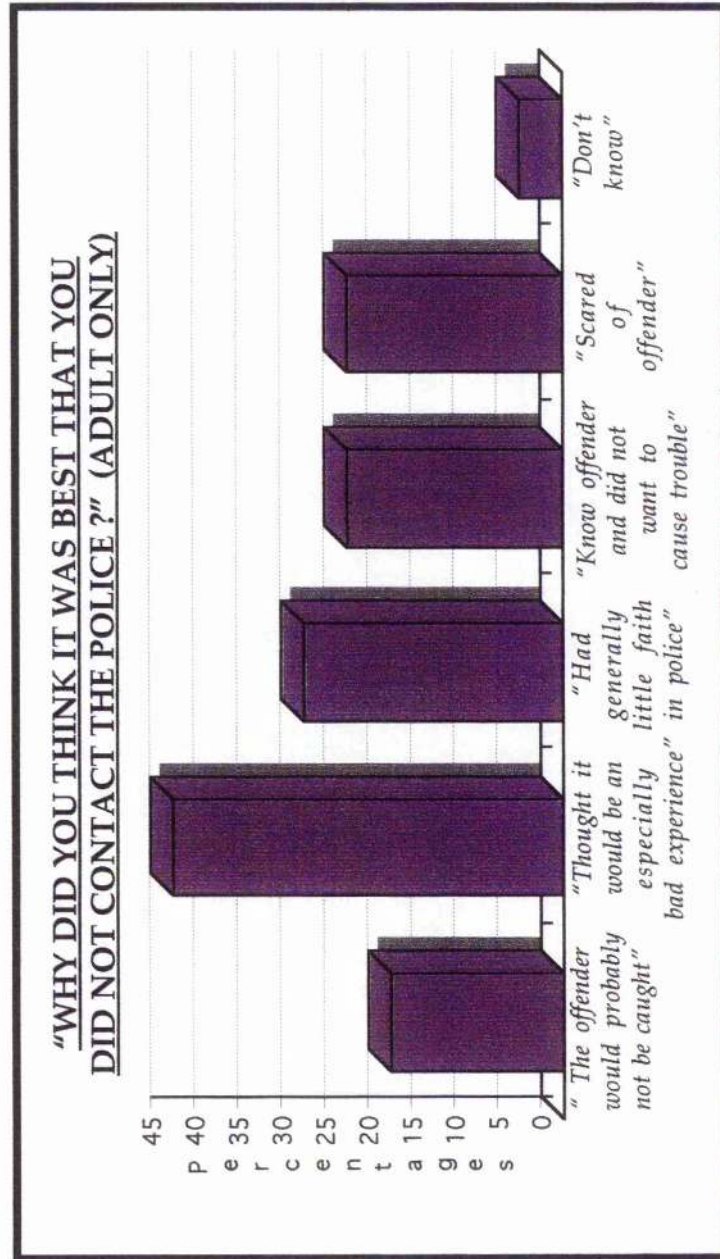


Figure 6.9

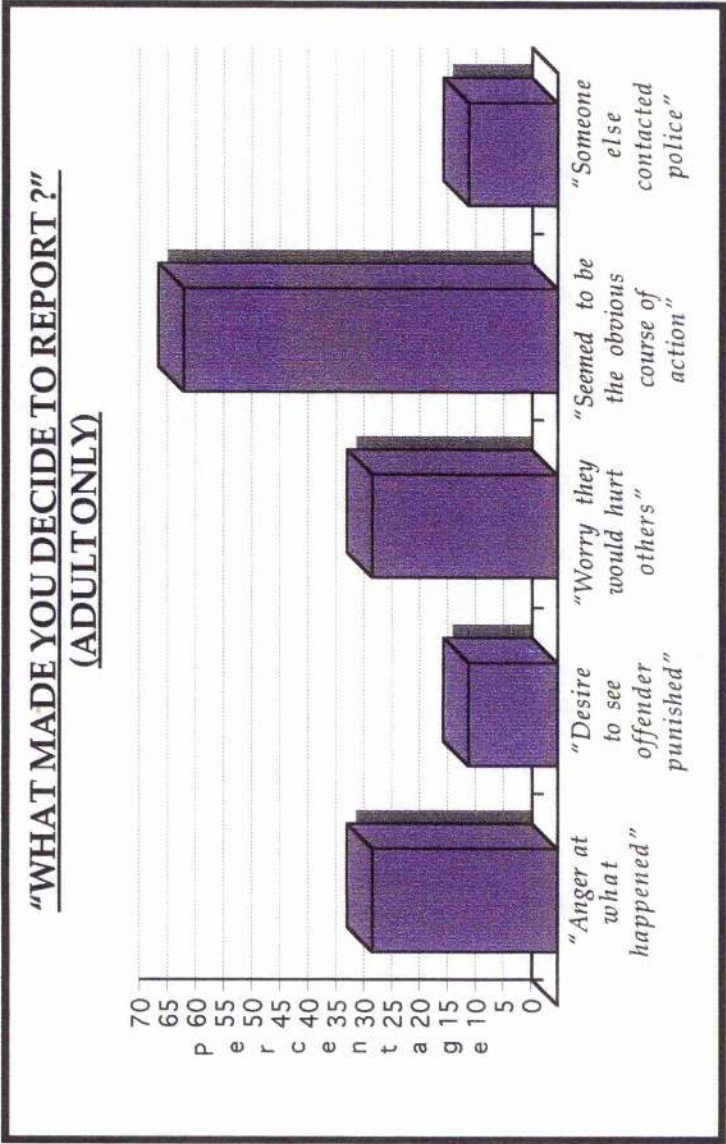
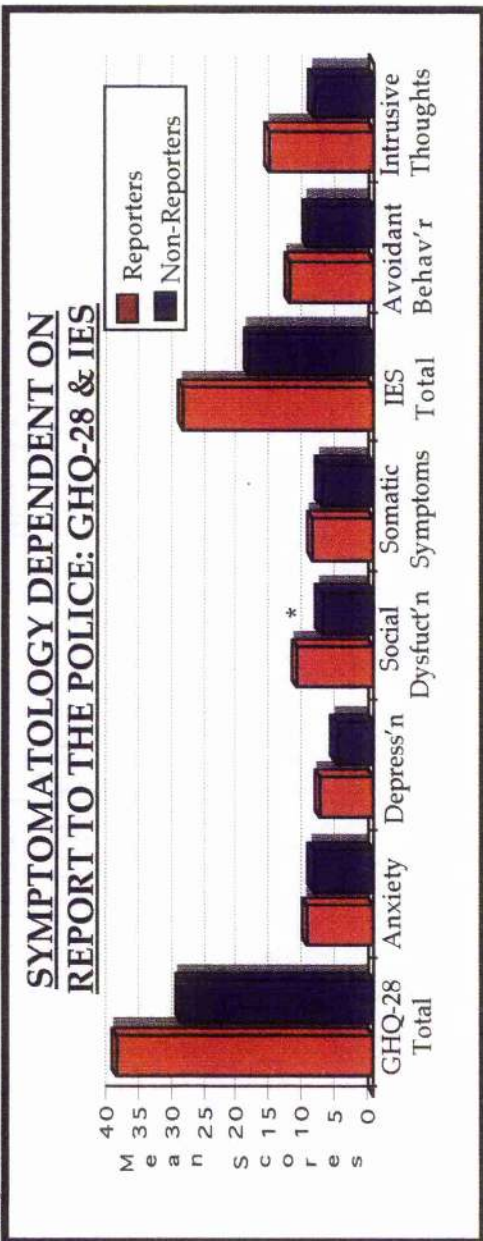


Figure 6.10 (i)



(ii)

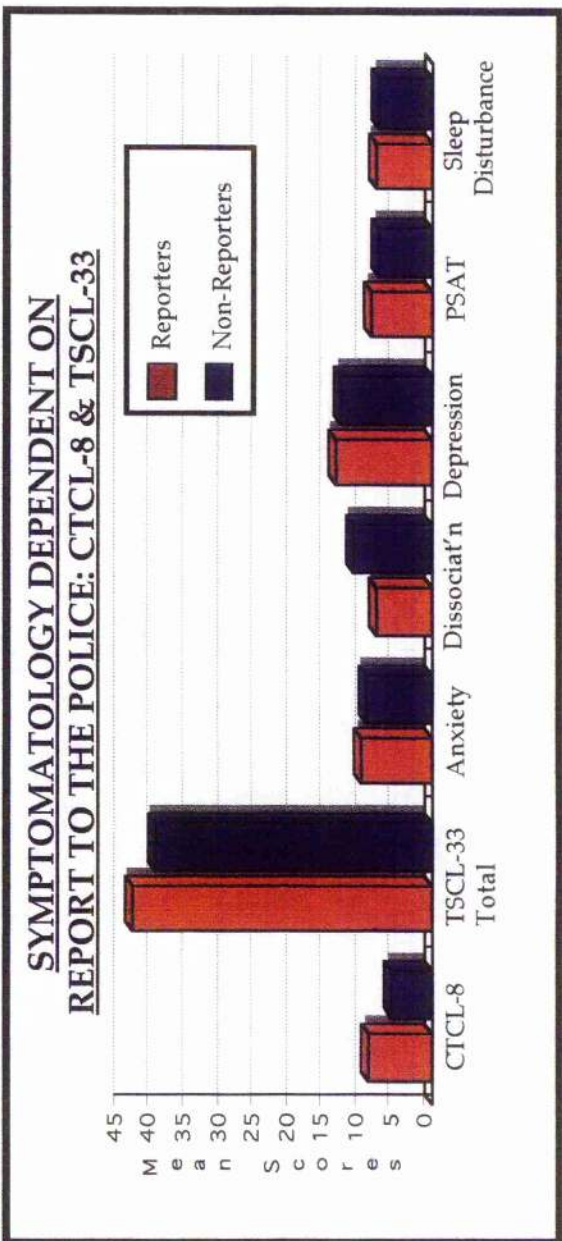


Figure 6.11

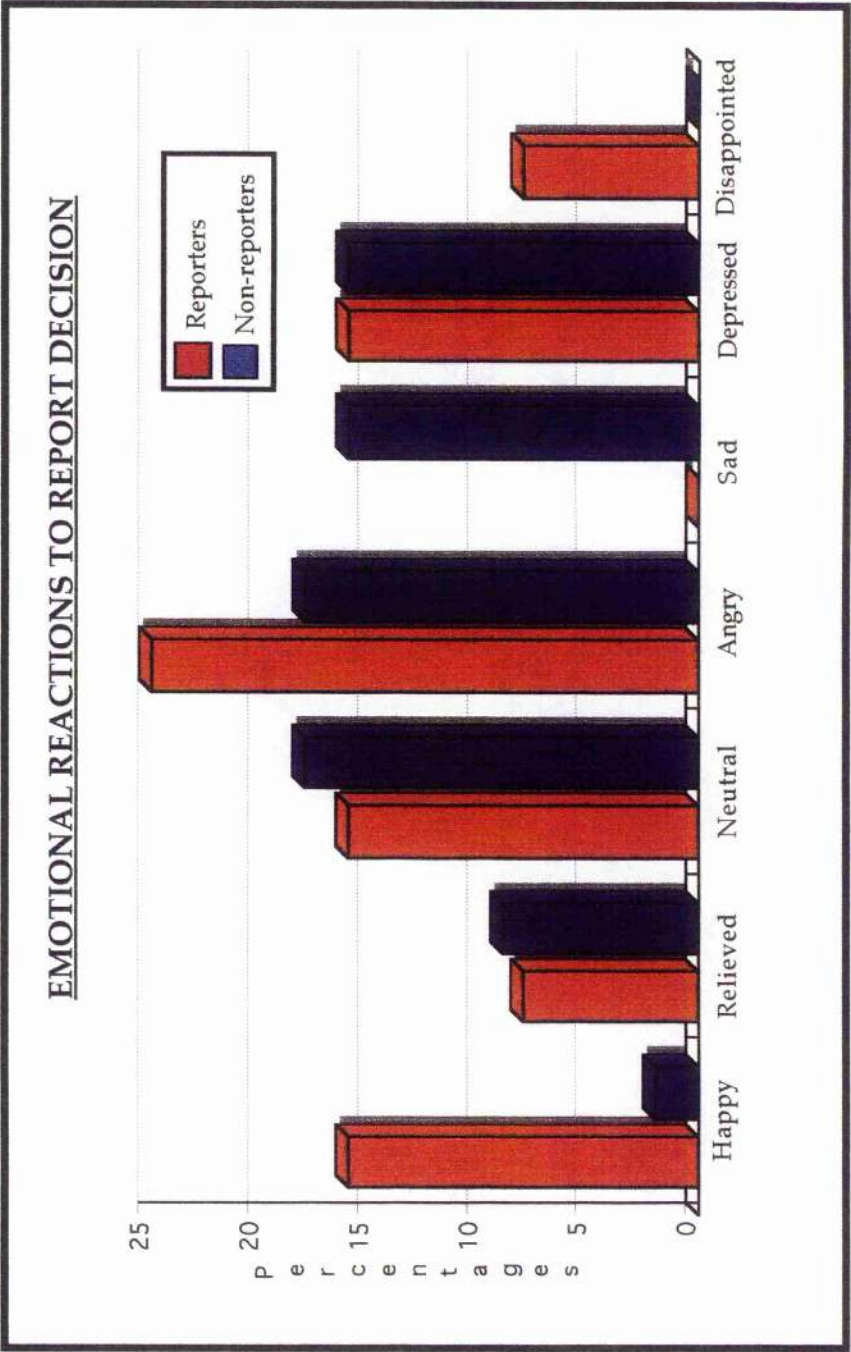
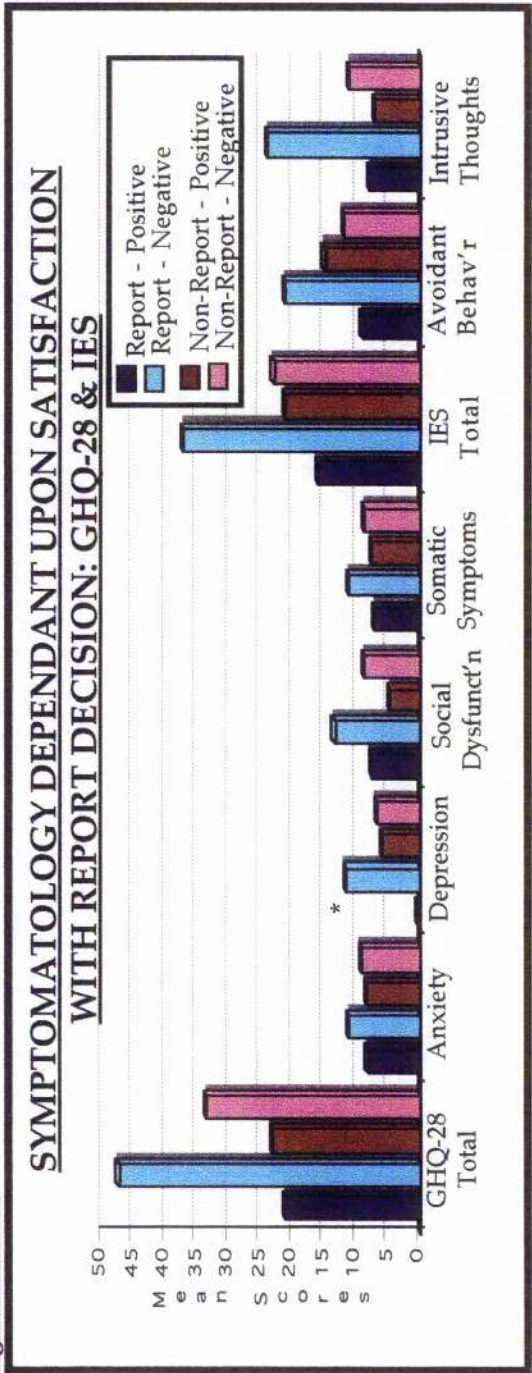
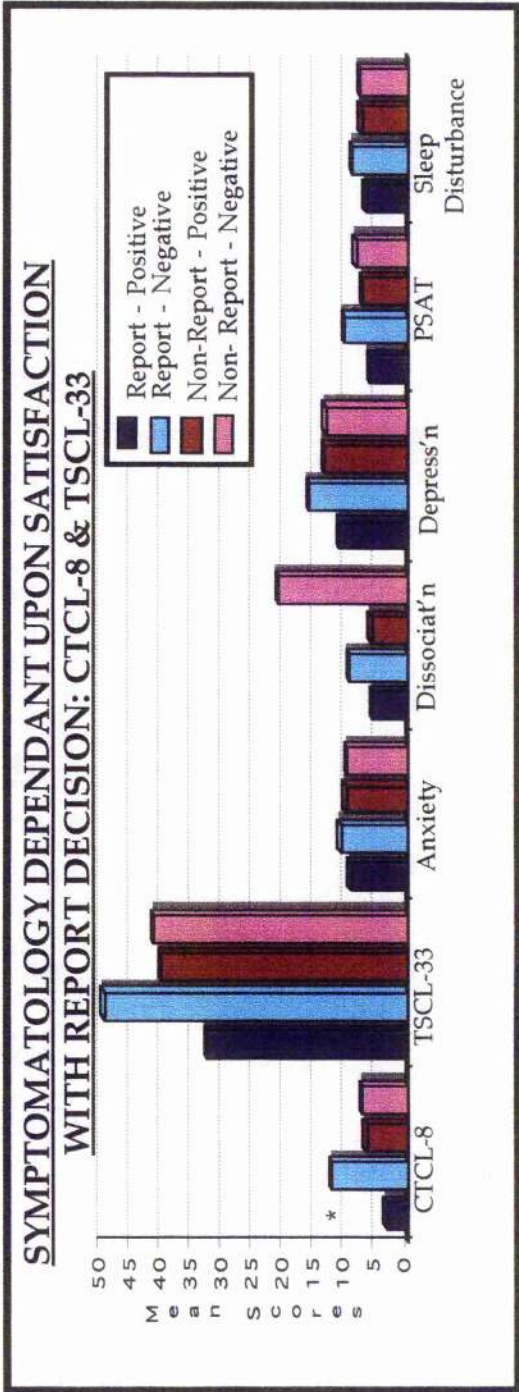


Figure 6.12 (i)



(ii)



Support: Of the 42 subjects in this study, 28 had never sought support. Of those 14 who had sought support, 5 were no longer receiving it at the time of measurement. It should be borne in mind that not all of the 12 subjects obtained from DRCC were receiving support at the time of measurement, and some members of the general public survey had sought support. This division of individuals who had, or had not sought support is shown in Figure 6.13.

Non-parametric ANOVAs were used to compare support seekers (ongoing), support seekers (finished), and non-support seekers on all measures of symptomatology. On most measures, individuals in ongoing support scored higher than those who had finished support who, in turn, scored higher than individuals who had not sought support. Ongoing support seekers scored significantly higher than non-support seekers on all measures. Significance level for the measures were: GHQ-28 total score ($df=1, 33$; $z=-2.98$; $p=0.003$), anxiety subscale ($df=1, 33$; $z=-3.14$; $p=0.002$), depression subscale ($df=1, 33$; $z=-3.30$; $p=0.001$), social dysfunction subscale ($df=1, 33$; $z=-2.26$; $p=0.006$), and somatic symptoms subscale ($df=1, 35$; $z=-2.71$; $p=0.007$), CTCL-8 ($df=1, 35$; $z=-3.30$; $p=0.001$), IES total ($df=1, 35$; $z=-2.88$; $p=0.004$), avoidance subscale ($df=1, 35$; $z=-2.67$; $p=0.007$), intrusion subscale ($df=1, 35$; $z=-3.01$; $p=0.003$), ISCL-33 total ($df=1, 35$; $z=-2.67$; $p=0.008$), anxiety subscale ($df=1, 35$; $z=-1.99$; $p=0.047$), dissociation subscale ($df=1, 35$; $z=-2.44$; $p=0.015$), depression subscale ($df=1, 37$; $z=-2.20$; $p=0.028$), post-sexual assault trauma subscale ($df=1, 37$; $z=-2.75$; $p=0.006$), and sleep disturbance subscale ($df=1, 37$; $z=-2.04$; $p=0.041$).

Subjects no longer seeking support scored significantly higher than non-support seekers on the CTCL-8 ($df=1, 31$; $z=-2.37$; $p=0.018$), GHQ-28 total ($df=1, 29$; $z=-2.13$; $p=0.034$), the anxiety subscale ($df=1, 31$; $z=-2.19$; $p=0.029$), IES total ($df=1, 31$; $z=-2.91$; $p=0.004$), the avoidant behaviour subscale ($df=1, 31$; $z=-2.65$; $p=0.008$), and intrusive thoughts subscale ($df=1, 31$; $z=-2.90$; $p=0.004$). No other differences in symptomatology reached statistical significance. Mean scores are shown in Figures 6.14 (i) and (ii).

The majority of subjects who did not seek support were asked why they had not done so. Their responses are shown in Figure 6.15, which indicates that most subjects did not seek support because they felt it would either not help, or was not needed. Subjects who had sought support were asked what they felt the most important thing the agency they had contacted did for them. These responses are also shown in Figure 6.16. It can be seen that emotional support was considered to have been much more important by support seekers than practical support.

Figure 6.13

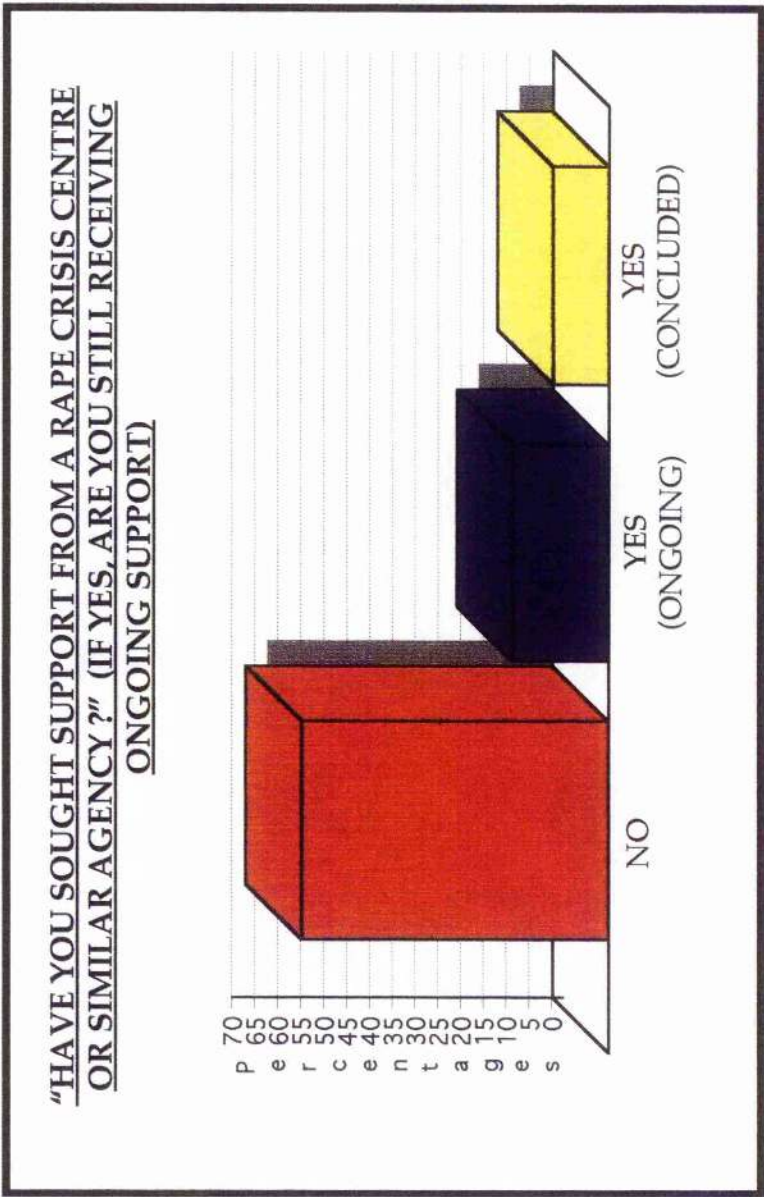


Figure 6.14 (i)

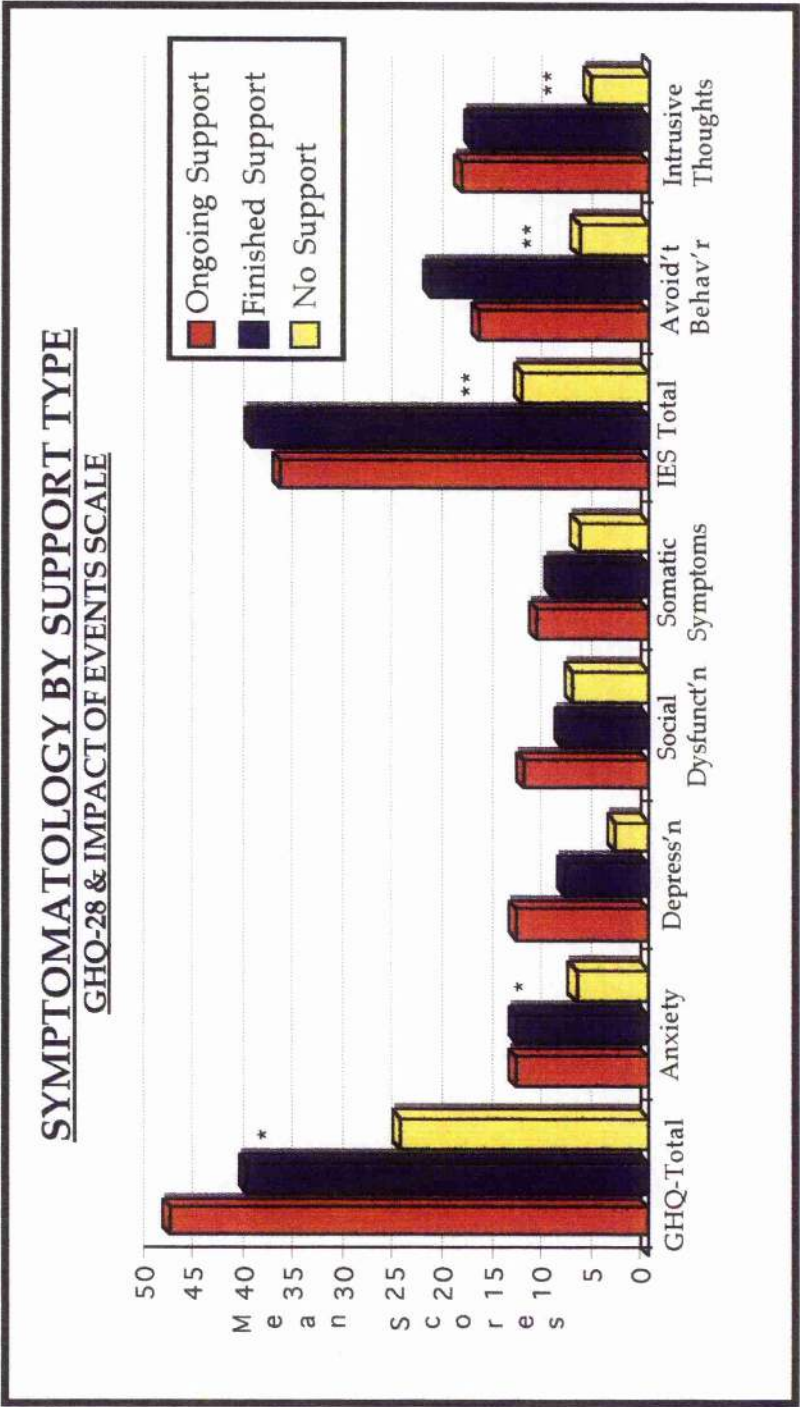


Figure 6.14 (ii)

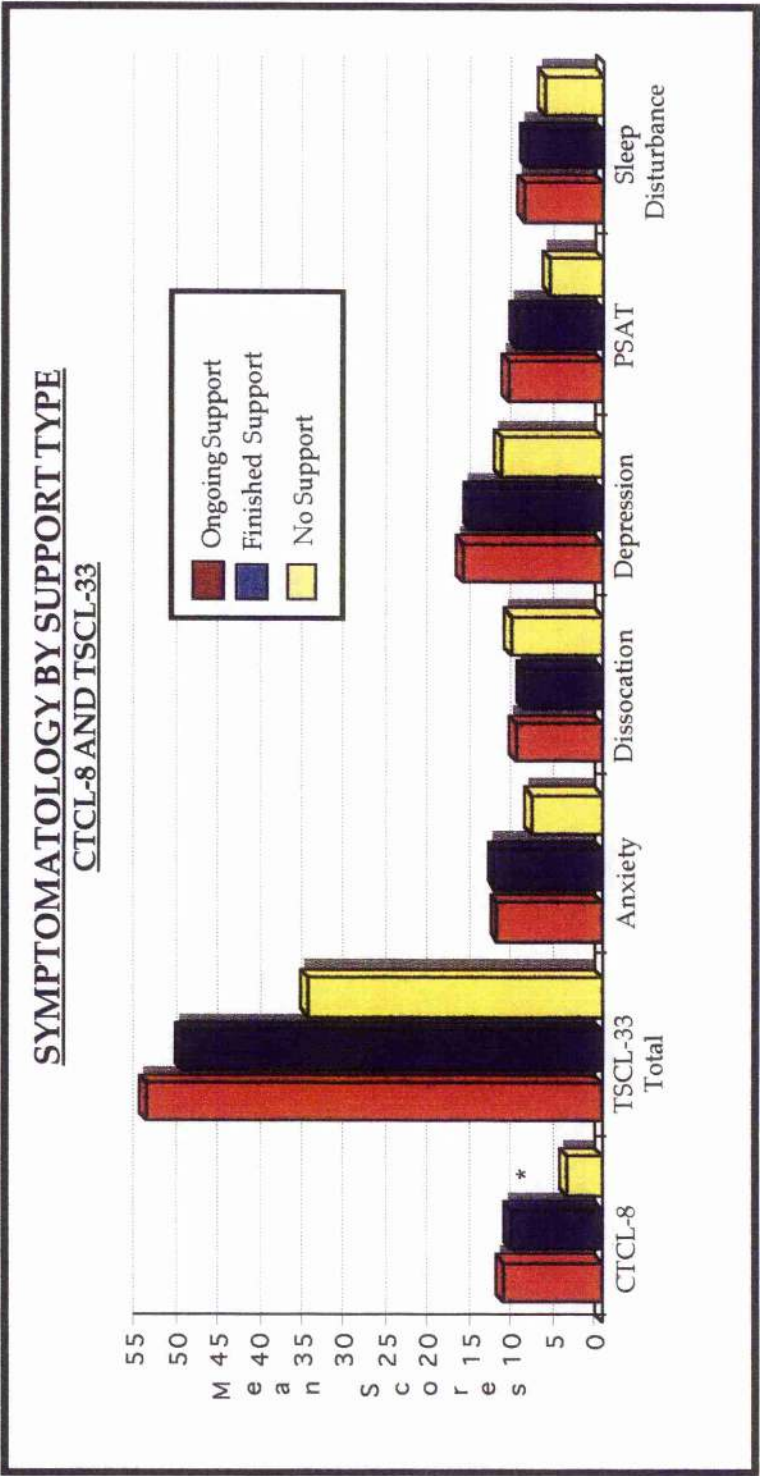


Figure 6.15

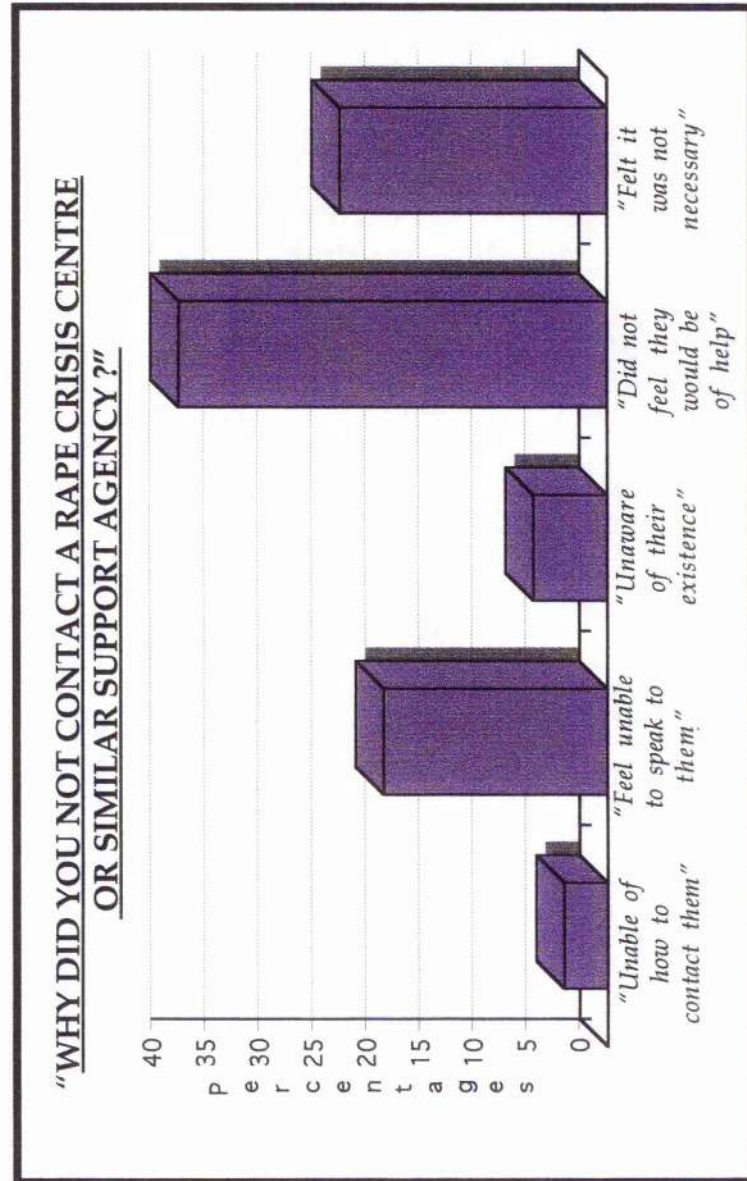
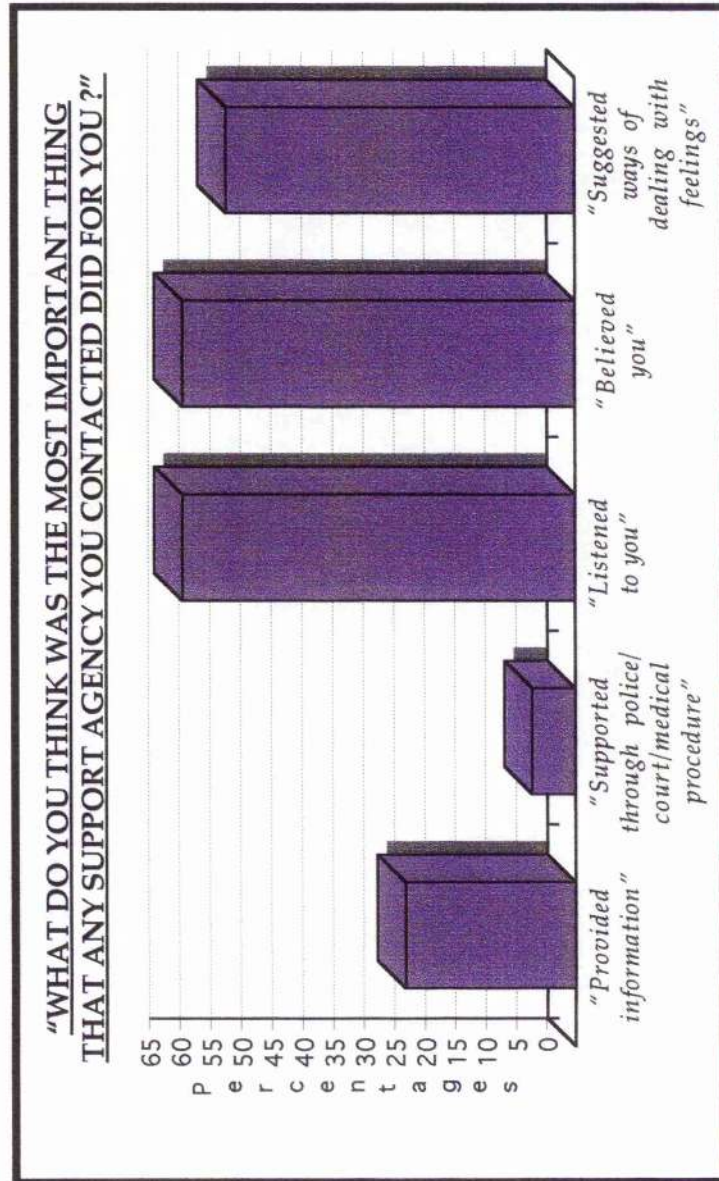


Figure 6.16



Post-Assault Predictors of Symptomatology

As a number of post-assault factors have been found to be related to symptomatology, a number of step-wise multiple regressions⁹⁷ were carried out in order to ascertain which were the greater predictors of symptomatology. Four independent variables were entered: Disclosure (yes-positive reaction; yes-negative reaction; and no); Report 1 (yes or no); Report 2 (positive or negative reaction to decision); and Support (yes-ongoing; yes-concluded; and no). Significant predictors of each symptomatology measure, beta values, adjusted R squared scores, and levels of significance are shown in Table 6.1.

Support experience was predictive of 37% of variance of scores on CTCL-8, 22% of variance of anxiety as measured on GHQ-28, 62% of variance of depression as measured on the GHQ-28, 37% of variance of PTSD predictive symptomatology as measured on the IES, and 31% of the variance of scores on the avoidant behaviour subscale on the IES. In conjunction with support experience, satisfaction with report decision accounted for 53% of variance on the GHQ-28, and 51% of variance on the intrusive thoughts subscale of the IES. Support experience and report decision, in conjunction with satisfaction with report decision accounts for 66% of variance on the social dysfunction subscale of the GHQ. None of the post-assault variables entered were found to be significant predictors of total or subscale scores on the TSCL-33.

Support seeking, interactions with the police, and negative reaction to report decision were significant predictors of higher levels of symptomatology. It should be borne in mind that it may be the case that an increased level of symptomatology might encourage survivors to seek support, report, or be less satisfied with report decisions. In other words, whilst post-assault interactions may affect symptomatology, post-assault decisions by survivors may be dependent upon symptomatology.

⁹⁷ See Chapter 5, Section 3 for rationale for using regression analysis.

Table 6.1 - SUMMARY OF REGRESSION ANALYSIS

POST-ASSAULT PREDICTORS OF SYMPTOMATOLOGY				
Dependent Measure	Assault Factor	Beta	Adjusted R²	Sign. of T
GHQ-28 Total	Report 2 Support	0.42 -0.64	0.53	0.025* 0.002**
GHQ ~ Anxiety	Support	-0.51	0.22	0.020*
GHQ ~ Depression	Support	-0.80	0.62	0.000**
GHQ~ Social Dysf.	Report 1 Report 2 Support	0.47 0.50 -0.35	0.66	0.010* 0.004** 0.040*
GHQ ~ Somatic Sym.	Support	-0.55	0.26	0.012*
CTCL-8	Support	-0.64	0.37	0.0026*
IES Total	Support	-0.64	0.37	0.003**
IES ~ Avoidance	Support	-0.59	0.31	0.006**
IES~ Intrusion	Report 2 Support	0.43 -0.60	0.51	0.015* 0.002**
TSCL-33 Total	None			
TSCL ~ Anxiety	None			
TSCL ~ Depression	None			
TSCL ~ Dissociation	None			
TSCL ~ PSAT	None			
TSCL ~ Sleep Dist.	None			
* = 95% significance level ** = 99% significance level				

Predictors of Post-Assault Courses of Action

Step-wise multiple regressions were also carried out to ascertain whether any assault characteristics were significant predictors of post-assault action (disclosure, report, and support seeking). Assault variables entered into the regressions were age at time of first victimisation (in years), type of assault (blitz attack vs. ongoing abuse), severity of assault (full rape, sexual acts, or molestation), and offender/victim relationship (known vs. unknown). Severity of assault was found to be a significant predictor of support seeking (beta = 0.39; adjusted $R^2 = 0.12$; sign of $T = 0.043$), with a more severe assault predicting a greater likelihood to seek support. Type of assault was the only significant predictor of disclosure (beta = 0.42; adjusted $R^2 = 0.14$; sign of $T = 0.045$), with survivors of a blitz attack being more likely to disclose. None of the assault characteristics entered were significant predictors of report likelihood.

Relationship between Post-Assault Actions and Survivors Perceptions

Finally, in order to ascertain whether a relationship exists between survivor post-assault actions and interactions and their attributions (i.e., blame) and perceptions (i.e., control, fear, and just world change) a non-parametric correlation was carried out.⁹⁸ This correlation found that increased fear ($N=24$; $r=0.60$; sig. of $r=0.002$) and decreased control ($N=28$; $r=-0.50$; sig. of $r=0.007$) were significantly correlated with dissatisfaction with report decision. In addition, self-blame was significantly correlated ($N=37$; $r=0.33$; sig. of $r=0.043$) with support seeking. Variables of report decision, disclosure decision were not significantly correlated with the perceptions and attributions measured.

⁹⁸ Examination of the data suggested that regression analysis would not be suitable for this data without transformation, thus correlations were used. This analysis was considered satisfactory as it could ascertain the existence of relationships, despite the fact that the comparative strengths of these relationships could not be ascertained.

DISCUSSION

The results of this study indicate support for a number of the experimental hypotheses previously outlined, concerning the effects of post-assault interactions, thereby providing an improved insight into the reasons why survivors follow the courses of action they do.

Initial disclosure can reasonably be seen as the starting point concerning post-assault decisions and interactions. Approximately 72% of survivors chose to take this first step and, encouragingly, the majority encountered positive reactions, as has been found in past research (e.g., Everill & Waller, 1995). Also consistent with previous research (Lamb & Edgar-Smith, 1994), it was found that the majority of survivors of childhood victimisation disclosed to a member of their family (in this study it was more commonly their sister rather than their mother), and the majority of survivors of adult victimisation disclosed to a close friend. It was expected and found that the majority of subjects chose the recipient of their disclosure on the basis of positive expectations about that person's reaction. These results suggest that on the whole, these positive expectations are upheld. Also, the majority of survivors who did not disclose not only felt unable to discuss their experience, but also felt there was no-one they could talk to. This emphasises how difficult it can be for survivors to bring themselves to disclose, and also the fact that they are not willing to disclose to just anyone who happens to be available. They need to feel that the person is likely to react positively to their disclosure.

As hypothesised and previously reported (Tufts, 1984), positive reactions to disclosure did not appear to directly aid recovery. However, whilst actual statistical comparisons were not possible, those survivors who encountered negative reactions did seem more likely to engage in self-blame, which has been found to have negative effects upon symptomatology (see Chapter 5 Section 4).

It appears on the basis of these data, therefore, that the majority of survivors do meet with positive responses to disclosure which, although not

directly aiding recovery, may actually help open avenues of support. It remains the case, however, that public education is necessary in order to prevent negative responses to disclosure, which might serve to impede recovery and make survivors feel they are to blame for their victimisation. Education of the public, and specifically carers (parents, teachers etc.) would also prove valuable if it could increase the likelihood that survivors would feel there was someone to whom they could disclose. Such education should probably emphasise the dynamics of ongoing sexual abuse, as survivors of this type of victimisation are especially unlikely to disclose.

On the basis of past research (e.g., McLaughlin, Dobash & Dobash, 1990; Russell, 1984), it was also hypothesised that the majority of subjects would not report the crime to the police. Only a quarter of subjects had reported any victimisation experience to the police, and bearing in mind that a number of subjects had had more than one such experience this would suggest that a large proportion of sexual crimes continue to go unreported.⁹⁹

There is an increasing body of evidence that survivors of sexual crime are at a high risk of secondary victimisation (see Estrich, 1987; Kennedy, 1992; Madigan & Gamble, 1991). The high proportion of non-reporters (all but four) who stated that their perception of police reaction was a main reason for their decision not to report, would tend to suggest that the fear of secondary victimisation may play a major part in the low report rate of sexual crimes. It should also be pointed out that three of the four survivors who did not give a reason *directly* related to the police stated that they did not report as they were scared of the offender. This also suggests that while some survivors may not specifically fear negative police reaction, they do not feel that reporting the crime would serve to keep them safe from negative reprisals.

⁹⁹ Appendix Three contains qualitative information gained from interviews with members of the Scottish Legal System. As so few subjects in the present study reported their victimisation to the police or attended court, no examination could be made of their specific experiences. However, these legal interviews shed light on certain changes within the legal system that have or could take place to prevent secondary victimisation of survivors of sexual violence, and increase report rate for this type of crime.

As regards those survivors who did report, the majority stated they did so due to anger and a belief that it was simply the obvious course of action following a crime. Few, however, stated that their report decision was based upon a desire to see the offender punished and to prevent them hurting others. In other words, even those survivors who do report rarely do so because they feel it will lead to incarceration of the offender. It is possible that the expectations of significant others does increase the belief that report is the obvious course of action (see Winkel & Vrij, 1993). This survey did not include specific questions concerning this issue and it might, therefore, require further examination in future studies.

On the whole, those survivors who reported to the police tended to show higher levels of symptomatology, and especially high levels of social dysfunction, compared to survivors who had not reported to the police. Whilst, the direction of this relationship cannot be ascertained (i.e., whether report increases symptomatology, or *vice versa*) it still has important potential implications. If it is the case that interactions with the police impair recovery, then police authorities need to pay specific attention to the prevention of secondary victimisation, and the provision of support for survivors, especially during interviews (see Berliner & Conte, 1995). Should it be the case, however, that those subjects who are especially adversely affected by their experience are more likely to report, the same implications for the police apply, due to the fact that the survivors with whom they come into contact are likely to be particularly traumatised and vulnerable. The fact that none of the assault characteristics related to increased symptomatology were also related to report, might suggest, however, that report has a direct effect upon symptomatology.

It was suggested by Berliner and Conte (1995) that "delay in resolution" might play a part in recovery. It is possible that regretting one's decision concerning report might lead to such a delay in resolution. On the basis of this, it was hypothesised that those subjects who experienced negative emotions in

relation to their report decision would show impaired recovery. This hypothesis was supported, with subjects who were not happy or relieved with their decision showing generally higher levels of symptomatology, especially depression. Examination of Figure 6.12 (i) and (ii) shows that the difference between symptomatology levels dependent upon satisfaction with report decision is more pronounced for those survivors who did chose to report. There was also found to be a relationship between dissatisfaction with report decision and increased levels of fear and decreased levels of control.

Despite the fact that once again the *direction* of these relationships cannot be proven in the present study, the fact that measures of perceptions and symptomatology taken in the survey obviously came *after* post-assault decisions and interactions, it might be *tentatively hypothesised* that they are caused by dissatisfaction with report decision, rather than *vice versa*. The statements of survivors themselves might add support to this suggestion. One survivor said the worst part of the whole experience was "*Going to the police*", and a survivor of abuse between the ages of 4 and 6 years stated the worst part was "*The police interview*". Another survivor stated the worst part was the fact that: "*I didn't report to the police*". This regret at not reported the crime to the police was reported by another survivor who was raped twice by different boyfriends, the first time at the age of 15 years. This survivor stated: "*The first guy has raped people both before and after me and I wish I had felt able to take him to court. But because I felt the police would not help - I didn't bother - I feel really bad about that*". This final statement also highlights how lack of faith in the effectiveness of the police that might prevent survivors from reporting their victimisation. A possible focus of future research might be to verify the direction of the relationship between post-assault interaction, negative perceptions and recovery. This might be possible through longitudinal research which measures perceptions and recovery before and after post-assault decisions are made.

The existence of these relationships does suggest that any attempt to

encourage survivors to report should not create false expectations about the reaction they are likely to receive. The need for prevention of secondary victimisation is also reemphasised. These findings also suggest that survivors should be given as much support as possible to report should they wish to do so, in order that they do not regret at a later date not having done so. Whichever direction the relationship between report decision satisfaction, symptomatology and perceptions goes, these measures might prevent the exacerbation of negative perceptions or increase in symptomatology related to dissatisfaction with report decision.

It is interesting to note that no assault factors predicted likelihood to report. Past research (e.g., Russell, 1984) has suggested that survivors of stranger rape are more likely to report than those assaulted by known offenders due to the fact that stranger rape conforms to the rape stereotype. This factor, however, did not predict report in this sample. Whilst this result does not suggest that stranger and acquaintance rape are reported at similar levels in the general population, it does suggest that subjects in the present sample were equally unlikely to report, regardless of assault characteristics. Attempts to increase faith in the police should, therefore, aim to reach survivors of all types of sexual victimisation.

It was expected that the majority of survivors would not seek support from voluntary agencies. Whilst the sample included 14 support seekers, it should be borne in mind that only 7% of the general public survey sample had actually sought support. Encouragingly, however, only 3 (11%) of the non-support seekers stated they were unaware that support was available to them, or were unaware of how to contact support agencies. This suggests that the efforts of voluntary support agencies to publicise their existence are effective. The majority of non-support seekers (64%) stated that they felt support was not necessary or would not help them. The high level of belief amongst non-support seekers that support was not necessary, is consistent with the idea that

those individuals who feel especially traumatised by their experience are more likely to feel they need to seek support.

There remains the possibility that support increases symptomatology, at least in the short term. However, those individuals who were no longer receiving support showed lower levels of symptomatology than those still receiving support; they also showed no significant differences in trauma-related symptomatology (as measured on the TSCL-33) compared to non-support seekers; and the majority of support seekers stated that it *had* provided them with positive emotional support. This evidence suggests that support may have positive effects in reducing some types of trauma-related symptomatology in the long term.

Another important factor in explaining the high levels of symptomatology displayed by support seekers may be the fact that severity of assault is a significant predictor of support seeking. Survivors who experienced more severe assaults were more likely to seek support, and increased assault severity has been found to be significantly related to increased symptomatology (see Chapter 5, Section 3). Therefore, those survivors who experience more severe assaults may experience more severe symptomatology, and as a result of this be more likely to seek support. This is further evidence that (as suggested by Kimerling & Calhoun, 1994; and McNulty & Wardle, 1994) high levels of trauma might lead to support seeking and not *vice versa*. Consistent with this suggestion is the relationship between self-blame and support seeking. Self-blame was found to be highly related to increased symptomatology (see Chapter 5, Section 4). As such those survivors who blame themselves, and thus experience the highest levels of trauma might feel most in need of crisis intervention. It is, of course, possible that support seeking produces self-blame, however, it would seem unlikely that individuals would continue to seek support or feel it had positive results were this the case. Based on the tentative suggestion that increased symptomatology and self-blame cause, rather than

result from, support seeking, these findings are encouraging finding for support agencies as they suggest that the individuals who need their services the most are indeed seeking support.

Whilst disclosure, report, and support all appear to play an important part in recovery from sexual crimes, it is also important to identify which of these variables has the most significant relationship with recovery in order to ascertain where future research attention should focus. It was found that support, report decision, and satisfaction with report decision were all predictors of symptomatology. The fact that disclosure was not a significant predictor suggests that intervention should focus more upon the provision of services to those individuals who have disclosed rather than on encouraging disclosure by individuals who do not wish to talk about their experience.

Dissatisfaction with report decision predicted poorer general health and increased intrusive thoughts in conjunction with support seeking. These two factors, combined with the decision to report, predicted greater social dysfunction. This suggests that attention needs to be paid to the prevention of secondary victimisation and the provision of adequate support (by significant others and support agencies). Adequate support of survivors might help them to ascertain and follow the course of action they want to take. Support seeking predicted not only increased scores on every general health measure, but also increased levels of some trauma-related symptomatology. This being so, particular attention needs to be paid to those survivors who seek support as they are especially severely traumatised and obviously in need of specific and effective intervention.

CONCLUSIONS

This study has suggested that in order to aid the recovery of survivors of sexual crimes, attention needs to be paid to a number of issues. First, public awareness needs to be increased in order that all survivors can feel they would

receive a positive reaction should they wish to disclose. Second, continued attention needs to be paid to the prevention of secondary victimisation in order that those survivors who report their victimisation are not unhappy with that decision. Third, public perceptions of Criminal Justice intervention and levels of faith in the police need to be improved, in order to increase report rates for sexual crimes. Finally, this study suggests that those individuals most severely traumatised are more likely to seek support. Whilst this suggests that agencies are reaching those survivors most in need of their services, it also emphasises the continued need for the provision of such services.

CHAPTER SEVEN

Integrated Examination of the Factors Related to Recovery from Sexual Victimisation

INTRODUCTION

The data presented in Chapters 5 and 6 have highlighted not only the traumatic nature of survivor reactions to sexual victimisation, but also a variety of factors that are directly related to levels of symptomatology. Whilst these chapters have examined assault, cognitive, and post-assault factors separately, little is known of their relative levels of importance in predicting survivors' recovery. Due to the fact that this type of analysis has not been previously carried out, no hypotheses will be made about the possible results. It is hoped, however, that this broader examination will provide a greater insight into the aftermath of sexual victimisation, and allow models to be formulated concerning the relationship between assault characteristics, survivor attributions and perceptions, post-assault interactions, and recovery from sexual assault. Knowledge of which factors are the greatest predictors of high levels of symptomatology may also highlight those issues which warrant further attention in terms of the development of intervention strategies, the prevention of secondary victimisation, and possible areas for future research.

METHODOLOGY

Stepwise multiple regressions¹⁰⁰ were carried out for the independent variables of assault severity, offender/victim relationship, time since last victimisation experience, blame type, levels of control, change in just world belief, report decision, and satisfaction of support decision, on each symptomatology measure. These independent variables were chosen as they were found to be the most significant predictors of symptomatology within the

¹⁰⁰ See Chapter 5, Section 3 for discussion of the rationale for using regression analysis.

specific examinations of assault characteristics, beliefs and perceptions, and post-assault actions. Despite the fact that it was found to be significantly related to symptomatology, support seeking was not included in this analysis as it might be assumed to be caused by, rather than cause, different levels of symptomatology.

RESULTS

The significant predictors of each dependent measure, adjusted R^2 , beta, and significance levels are shown in Table 7.1. It can be seen from this table that attributions appear to play an extremely significant part in predicting the symptomatology of survivors of sexual violence. None of the assault characteristics, or post-assault courses of action appeared as significant predictors, when entered into the regression in conjunction with attributions and perceptions. Blame type independently predicted 43% of variance on depression subscale of the GHQ-28, and change in belief in a just world predicted 44% of variance of the anxiety subscale of the TSCL-33. Both blame type and just world change predicted 61% of variance of total scores on the TSCL-33. In conjunction with control, blame type predicted 61% of variance on GHQ-28 total scores, 62% of variance on somatic symptomatology subscale, 55% of variance on the depression subscale of the TSCL-33, and 64% of variance on the post-sexual assault trauma subscale. On all but somatic symptomatology, control was the most significant predictor. Levels of perceived control independently predicted 43% of variance on anxiety subscale of the GHQ-28, 34% of social dysfunction variance, 51% of variance on the concise trauma checklist-8, 50% of variance on the sleep disturbance subscale of the TSCL-33, 53% of variance of total scores on the IES, and 37% on the avoidance subscale, and 62% on the intrusion subscale. In all cases, self-blame, lower levels of perceived control, and higher levels of change in just world belief were related to higher levels of symptomatology.

Table 7.1 - SUMMARY OF REGRESSION ANALYSIS.

SIGNIFICANT PREDICTORS OF SYMPTOMATOLOGY				
MEASURE	Variable	Beta	Adjusted R ²	Sign. of T
GHQ-28 Total	Blame	-0.41	0.61	0.046*
	Control	-0.65		0.005**
GHQ ~ Anxiety	Control	-0.69	0.43	0.007**
GHQ ~ Depression	Blame	-0.69	0.43	0.009**
GHQ ~ Social Dysf.	Control	-0.63	0.34	0.022*
GHQ ~ Somatic Symp.	Blame	-0.60	0.62	0.005**
	Control	-0.49		0.016*
CTCL-8	Control	-0.74	0.51	0.003**
IES Total	Control	-0.75	0.53	0.002**
IES ~ Avoidance	Control	-0.65	0.37	0.012*
IES ~ Intrusion	Control	-0.80	0.62	0.000**
TSCL-33 Total	Blame	-0.47	0.61	0.020*
	JW Change	0.60		0.006**
TSCL ~ Anxiety	JW Change	0.69	0.44	0.006**
TSCL ~ Depression	Blame	-0.43	0.55	0.045*
	Control	-0.61		0.008**
TSCL ~ Dissociation	NONE			
TSCL ~ PSAT	Blame	-0.38	0.64	0.045*
	Control	-0.69		0.002**
TSCL ~ Sleep Dist.	Control	-0.50	0.50	0.003**
*= 95% significance level **= 99% significance level				

DISCUSSION

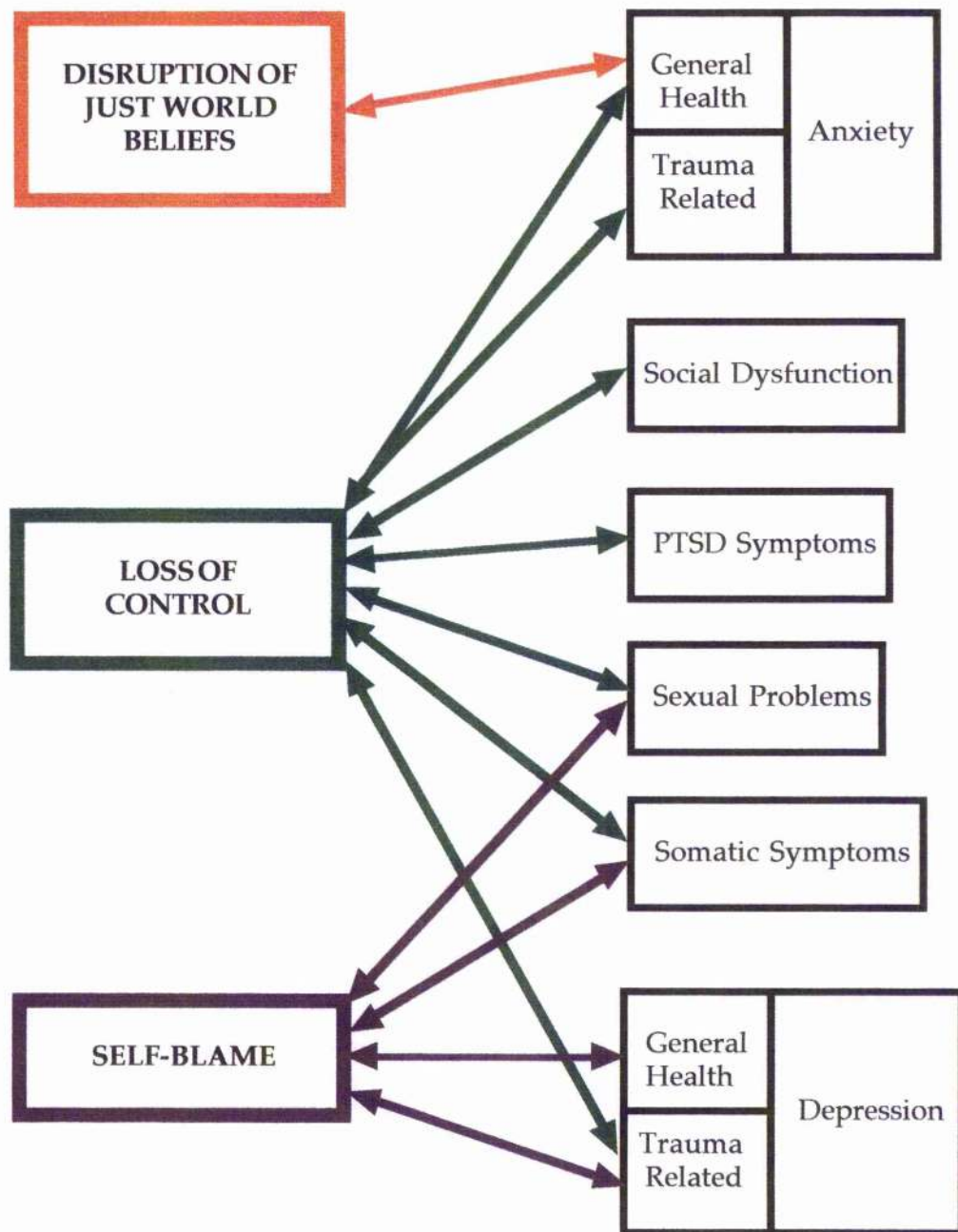
Multiple regression analysis showed that the attributions and perceptions of survivors predict almost all measures of symptomatology, whilst assault characteristics, and post-assault actions do not feature as significant predictors. In other words, the cognitions of survivors following an assault appear to have a much greater relationship with their resultant levels of symptomatology than any other factor, even the severity of the actual assault incident.

It appears, therefore, that information about assault dynamics (e.g., full rape, known offender, ongoing or recent abuse), and post-assault factors (e.g., satisfaction with report decision) can help care givers to target those survivors who may be at greatest risk of high levels of symptomatology. However, it may be the way survivors *think* about the assault, and more generally about their lives, that is the strongest predictor of who will suffer the greatest levels of trauma. This relationship between attributions and recovery has implications for care givers despite the fact that the direction of a causal relationship cannot be ascertained. If perceptions do affect recovery, it may be possible to alter negative perceptions to reduce specific types of symptomatology (e.g., increasing levels of perceived control might may reduce sleep disturbance). Alternatively, if symptomatology is affecting perceptions, the existence of negative perceptions could alert care-givers to the possibility that survivors are experiencing particular types of symptomatology (e.g., if survivors express feeling of self-blame they might also be likely to be depressed). It should be borne in mind, however, that the relationship between symptomatology and perceptions may be circular. For example, self-blame might lead to depression and increased depression might then exacerbate self-blame attributions.

Figure 7.1 portrays the relationships between negative perceptions (loss of control, self-blame, loss of just world belief) and specific types of symptomatology.¹⁰¹

¹⁰¹ PTSD symptoms refer to intrusive thoughts, avoidant behaviours and sleep disturbance. Symptomatology on the PSAT subscale of the TSCL-33 involves non-specific sexual problems and is, therefore referred to as such on Figure 7.1.

Figure 7.1 - POSSIBLE RELATIONSHIPS BETWEEN NEGATIVE PERCEPTIONS AND SPECIFIC SYMPTOMATOLOGY



This diagram illustrates the manner in which the existence of specific perceptions might allow care-givers to target their intervention at certain types of symptomatology, or how the existence of certain types of symptomatology may

alert care-givers to the possibility survivors are experiencing certain negative perceptions. Acknowledgement of these relationships might allow medical, psychiatric or crisis support personnel the ability to swiftly focus their attention on the perceptions or symptomatology most relevant to each individual survivor. Also this diagram highlights the fact that a distinction should be made between general health and trauma-related symptomatology (e.g., anxiety and depression), as these may bear differing relationships to survivor perceptions.

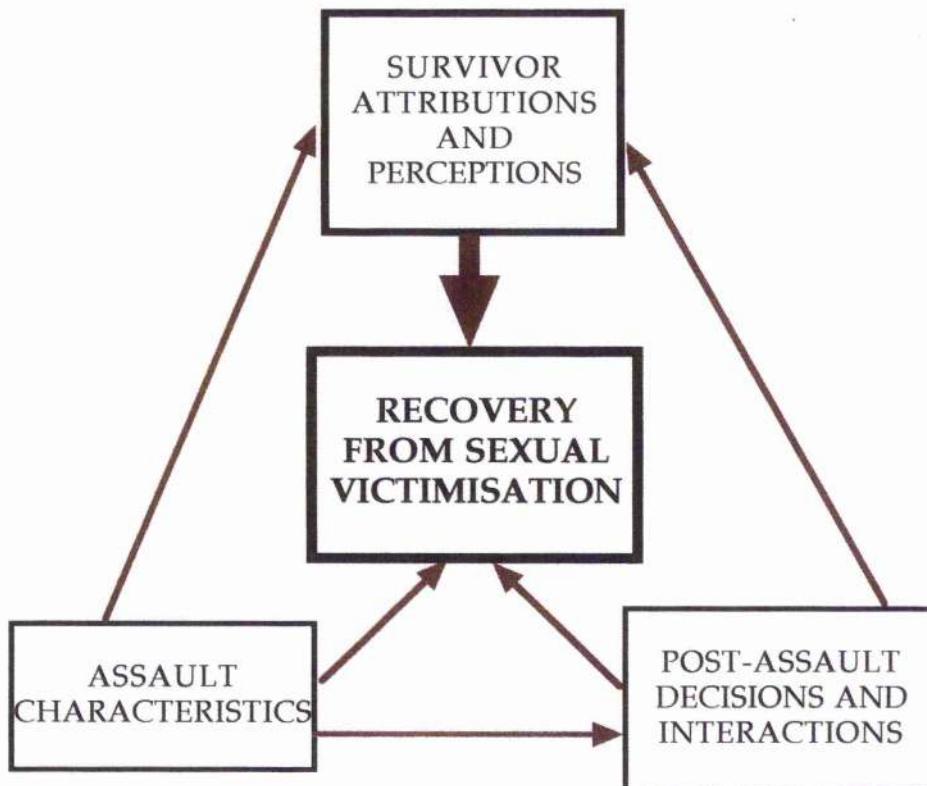
Whatever the direction of the causal relationship between perceptions and symptomatology, it is impossible to know what individual survivors are thinking without providing them with a supportive atmosphere in which they feel safe and free to talk. The importance of educating the public to increase the likelihood of survivors receiving a positive reaction to disclosure, and providing specific support services (such as crisis centres) is therefore emphasised by this study. The possibility that perceptions may affect recovery (whether directly or through a circular relationship) would suggest that cognitive support should concentrate upon challenging and not reinforcing attributions of self-blame, reinstating a level of belief in a just world, and helping survivors to feel in control of their lives. This last point also suggests that survivors should be given as much freedom to make their own decisions, and *take* control of their lives post-assault when they might be especially likely to feel they have no control. London Rape Crisis Centre (1988) noted how rape survivors often feel inadequate and unimportant after their victimisation experience. Forcing survivors to contact statutory agencies or doing so without their consent, therefore, rather than encouraging or supporting them in their wishes, may actually be detrimental to their recovery, especially as satisfaction with the course of action taken was found to be more important than the actual action itself (see Chapter 6).

When asked what the worst part of their victimisation experience was, very few survivors mentioned the *actual* assault itself, many commented on the

way they *felt* at the time or afterwards, or mentioned their post-assault courses of action. Feelings of loss of control and self-blame were frequently expressed as the worst aspects of the experience: *"Fear that I had no control of the situation and that I didn't know what to do to stop it"*, *"Blaming myself and feeling so ashamed I couldn't tell anyone for months afterwards"*, *"It took so long to stop feeling guilty"*. This last quote come from a survivor who was abused by her grandfather at the age of eight years, emphasising that even in situations where there can be no ambiguity surrounding the abuse, survivors take on the guilt for it happening. Feelings of guilt also appeared to extend beyond their own victimisation experience. One survivor of childhood abuse by a family member stated that the worst part of her experience was when *"I found out it also happened to my sister"*. Such comments appear consistent with the empirical finding that survivor attributions and cognitions play a important part in the recovery of survivors of sexual violence

The previous chapters found relationships between assault characteristics, post-assault interactions and negative perceptions. It can be assumed that assault characteristics result in negative perceptions and symptomatology, although theoretically no assumption can be made about the direction of the relationship between post-assault interactions and negative perceptions. It might be tentatively suggested, however, that whilst some assault characteristics and post-assault factors relate directly to recovery, others feed into negative perceptions, resulting in their greater relationship with symptomatology. Figure 7.2 therefore, portrays the suggested direction of relationship between these factors.

Figure 7.2 - SUGGESTED DIRECTION OF RELATIONSHIPS BETWEEN EXAMINED FACTORS AND RECOVERY



Future longitudinal research studies might attempt to ascertain the direction of the relationships between negative perceptions, post-assault interactions and recovery, and could thus examine the validity of this suggested model.

CHAPTER EIGHT

General Discussion

The introduction to this thesis highlighted a number of issues relating to the sexual victimisation of women which require further examination. First, it appears that sexual violence affects a large proportion of women in society. A greater understanding of how sexual violence can be effectively reduced and the reactions of its survivors, therefore, warrants attention. Second, survivors of sexual violence appear to be especially likely to experience secondary victimisation. Therefore, the attitudes of others towards sexual violence need to be investigated. Finally, sexual violence has been found to have an especially low report rate in comparison to other crime types. This low report rates means not only that fewer sexual offenders might be punished for their crimes, but also that an accurate understanding of the prevalence and dynamics of sexual violence cannot be gained. As such, the issues that prevent women reporting sexual violence, also require research attention. The thesis, therefore, aimed to examine: what sexual violence is and how other people perceive it; how sexual violence and post-assault interactions affect the psychological and health symptomatology of survivors, thus providing greater insight into how survivors might be effectively supported; and how report rate for this type of crime might be increased.

The Nature of Sexual Violence, Myths and Attitudes

Examination of the many manifestations along the continuum of sexual aggression suggests that females are theoretically at risk of sexual victimisation in virtually every sphere of their lives. Sexual violence, aggression and harassment is reported from childhood familial and extra-familial interactions, matrimony, 'friendship', education, and the workplace. In addition, everyday life can be suddenly invaded by obscene telephone calls or rape by a stranger.

Finally, groups dynamics and specific situations can lead to the occurrence of gang rape, ritual abuse, or rape as a weapon of war. This being so, it suggests that *all* females, of *all* ages, from *all* societal groups are at risk of sexual victimisation. This vast spectrum of sexual violence also suggests it may not be a unitary concept lending itself to one all-encompassing explanation.¹⁰²

Examination of the continuum of sexually violent acts which exist in today's society highlighted a number of common themes which exist despite the wide variety of manifestations. Abuse of power is exhibited as a dynamic in every manifestation, and might account for the prevalence of abuse of females by males in what is essentially a patriarchal society. This abuse of power might also act to maintain the power differential between men and women, as women often seek protection from those men they do trust. Meanwhile, abuse of trust permeates those manifestations which involve sexual assault by known individuals.

The dynamics of these manifestations do not suggest they result from the biological needs of the offender or precipitating behaviour on the part of the victim. As such, early explanations of sexual violence (i.e., disease, biological, and victim-blaming models) could to a large extent be discounted. It might be possible, however, to amalgamate later explanations which incorporate the dynamics of abuse of trust, abuse of power, patriarchy and the subordination of women, and societal influences (i.e., the psychopathological, feminist and societal theories). Such an amalgamation might provide a more effective explanation of all the manifestations of sexual aggression.

The ease with which survivors can disclose their victimisation appears to divide manifestations into two distinct groups. Whilst cognitive, economic and fear-induced reasons prevent survivors of child sexual abuse, assault within intimate relationships, harassment within the workplace and ritualistic abuse from easy disclosure; survivors of assault by strangers might find the path to successful disclosure somewhat easier. This may not be simply due to the nature

¹⁰² See Chapter 2.

of the assault, it may also be due to the stereotypes and myths which surround sexual violence. These myths portray stranger rape as 'real rape' and as such more readily believable, and assault by known offenders as ambiguous, provoked and less traumatic for survivors.¹⁰³ Disclosure by survivors of stranger rape may, therefore, be more readily accepted by society. Indeed it has been found that the report rate for stranger rape is disproportionately high when compared to its prevalence (e.g., Russell, 1984).

Providing an effective and sound explanation for sexual violence will not only increase understanding about its nature, but may also prevent perpetuation of the myths which ineffective explanations might serve to cultivate. For example, a myth surrounding sexual violence is that only certain types of women can be raped. Such a myth suggests that there is something about this *certain type* of woman which encourages their abuse, an attitude possibly perpetuated by victim-blaming explanations. This being so, acceptance of this myth in society might result in survivors meeting with negative attitudes post-assault. Simple examination of the many manifestations of sexual aggression, however, is sufficient to discount this myth.

Acceptance of rape myths by individuals appears to be related to a higher propensity towards sexually aggressive behaviour (e.g., Koss & Dinero, 1989; Malamuth, 1986, 1988). Whilst the attitudes of those individuals who *actually* exhibit sexual aggression may only constitute one end of an attitudinal continuum which exists within the male population, reducing the acceptance of rape myths might act to reduce the incidence of sexually violent acts. It appears therefore, that attempts to increase understanding of the nature of sexual violence, might also help dispel those attitudes which might be related to the commission of such acts.

The existence of misinformed attitudes about sexual violence is also evident from the type of attributions people make about individual survivors. The findings of past research suggest the existence of a dispositional attribution

¹⁰³ See Chapter Two.

bias towards survivors of sexual crimes.¹⁰⁴ In other words, when faced with a scenario of sexual assault, people appear to be more likely to make attributions of fault, blame or responsibility towards the survivor than the assailant, and these negative attributions are more likely to concern the character than behaviour of survivors. In addition, past research has suggested that theoretically irrelevant information about the assault (e.g., the time or place it took place) or the survivor (e.g., marital status or occupation) act to exacerbate these negative attributions.

The type of extraneous factors that have been found to negatively affect attributions might be seen to be related to rape myths. Acceptance of rape myths involves a belief that unless women are assaulted in a stereotypical scenario (i.e., violent assault by a stranger), either the interaction that took place was not rape or the woman must have done something to precipitate the attack. Attributional research suggests that women assaulted by known offenders, who show no signs of physical injury, and who have behaved in a manner incongruous with a stereotype of respectability are subject to even more negative attributions. On the whole, past research has also suggested that males are more likely to make negative attributions towards survivors than females (e.g., Calhoun et al., 1978; Whatley & Riggio, 1993). There has, however, been a certain amount of inconsistency in past research findings. Due to the effects of extraneous factors, these inconsistencies may be due to slight differences in the experimental scenario presented to subjects. On the other hand, these inconsistencies may be due to related to additional attitudes held by subjects. A relationship has been found between acceptance of traditional gender-roles and rape myth acceptance (e.g., Costin, 1985; Fischer, 1987), and males have been found to have a higher level of acceptance of these attitudes and myths than females (e.g., Ward, 1995).

Howard (1984) examined subjects' attitudes toward gender-role in relation to their attributions towards survivors, and concluded that holding traditional

¹⁰⁴ See Chapter 3.

attitudes toward gender-roles was related to negative attributions. This suggests that the nature of attributions cannot be examined without obtaining a measure of these attitudes.¹⁰⁵ The first laboratory study in Chapter Four, therefore, attempted to ascertain the nature of the relationship between attitudes and attributions. It was found that traditional attitudes (of both males and females) were related to more negative attributions, and that other assault factors might interact with this effect. The second laboratory study went further, and found that the relationship between attitude toward gender-roles and rape myth acceptance was *greater* than the relationship between subject gender and rape myth acceptance. As such, it may not purely be the case that attributions towards survivors of sexual violence cannot successfully be examined without inclusion of a measure of gender-role attitudes, it may be the case that such attitudes are of greater importance in predicting negative attributions than subject gender.

It has been suggested that the reason why survivors of sexual crimes are more likely to experience secondary victimisation than survivors of other types of crime, is due to something unique about the attributions other people make about these survivors. The first laboratory study presented in Chapter Four suggested this may indeed be the case. This study found that sexual crimes were perceived as more traumatic than non-sexual crimes; sexual offenders were perceived as more deserving of more severe punishment than non-sexual offenders; and survivors of sexual crimes were seen as more likely to report their victimisation than survivors of non-sexual crimes. This suggests that there is an expectation, possibly based on perceived seriousness, that survivors of sexual crimes will report their experience to the police. It was interesting to note that this expectation did not differ depending upon offender/victim relationship, or subject gender. It appears, therefore, that subjects did not take into account other aspects of the assault (such as knowing the offender) which might discourage a survivor from reporting to the police. Neither did subjects recognise that due to the invasive sexual nature of rape, it may be more difficult for rape survivors to

¹⁰⁵ See Chapter 4, Study 1.

speak about their experiences than survivors of non-sexual crimes. Despite the fact that it is encouraging that the subjects in this study recognised the seriousness of sexual violence, this report expectation may have negative implications for survivors. Specifically, if *all* rape survivors are expected to report to the police, those survivors who choose not to, for whatever reason, might be seen as not having been seriously affected by the assault, or even disbelieved as to whether the assault took place.

This study also suggested that people may be more likely to view sexual crimes as caused by situational factors, rather than intrinsic characteristics of the defendant. As such people may not view a sexual offender as likely to reoffend. This effect also appeared to be more pronounced in the case of acquaintance rape rather than stranger rape. Whilst a dispositional attribution bias towards survivors of sexual crimes might result in them meeting with negative attitudes, a situational attribution bias towards offenders may lead to defendants in acquaintance rape cases meeting with more lenient attitudes.

Study Two in Chapter Four attempted to ascertain the most appropriate manner in which misinformed attitudes about sexual violence could be effectively altered. The rationale for this study was the Elaboration Likelihood Model which suggests that a more involved individual would respond better to information which presents an indepth discussion of points, whereas a less involved individual would respond best to a simple presentation of facts. As such, it was hypothesised that females (who are more likely to become the victim of a sexual crime) would feel more involved in the issue and therefore respond best to discursive information and males would respond best to the presentation of statistics. This study did not find any effect of information presentation, and no interaction of information type and subject gender. This may have been due to the methodology employed¹⁰⁶, but it may also suggest that the simple presentation of written information is not sufficient to produce attitude change. As such, it may be the case that awareness raising programs which attempt to

¹⁰⁶ The possible methodological reasons for this result are discussed in Chapter Four, Study Two.

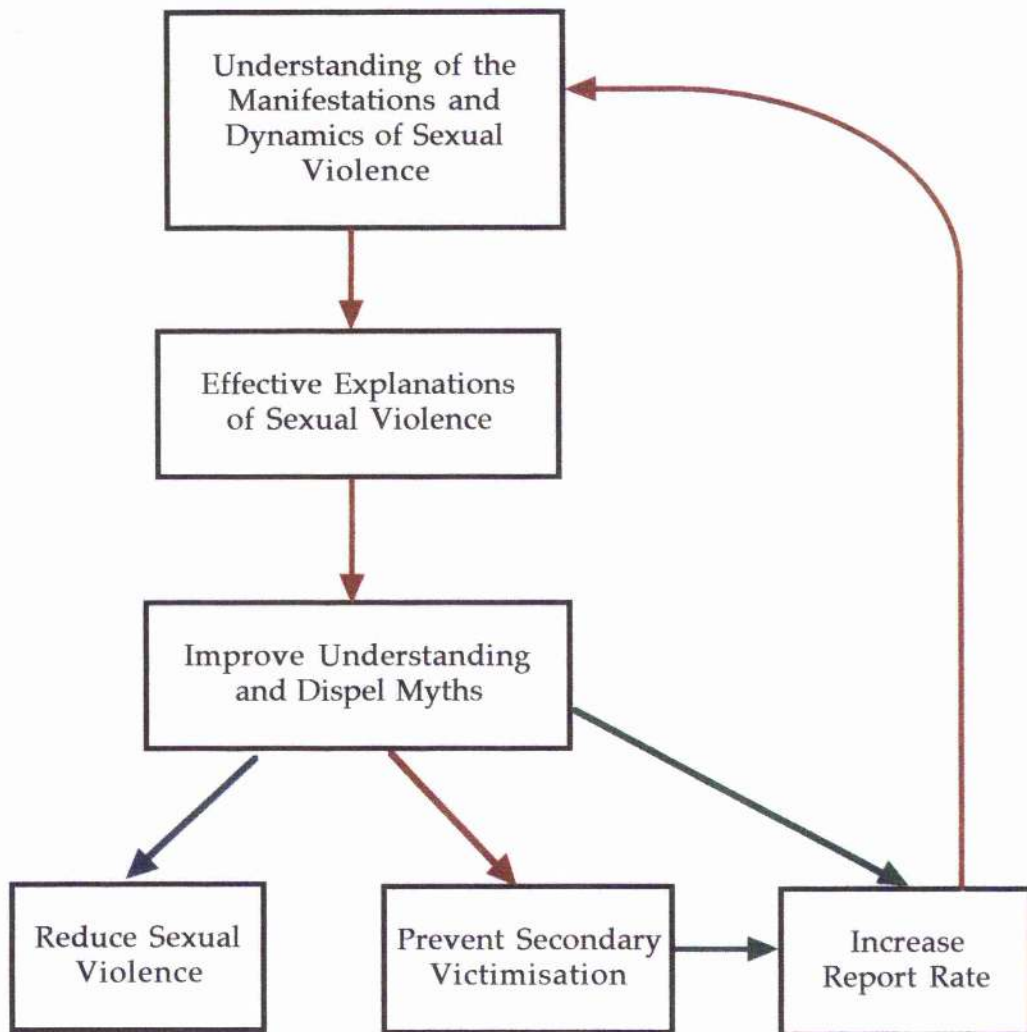
educate people by providing leaflets about the issue are ineffective.

In summary, these laboratory studies suggest that individuals expect survivors to report their victimisation to the police. As such, survivors who do not report might meet with negative attitudes from other people. Negative attitudes towards survivors and lenient attitudes towards some defendants may lead to the secondary victimisation of survivors of sexual violence and to juries having more positive attitudes towards some sexual offenders. These studies have also confirmed the importance of subject attitudes toward gender-roles in predicting misinformed beliefs about the nature of sexual violence.

Laboratory research also raised a number of issues that might warrant attention. First, the relationship between the stereotypicality of the rape scenario presented and attitude toward gender-roles might require further examination in order to ascertain how such attitudes affect attributions depending upon the dynamics of a rape scenario. A detailed examination of this issue might shed further light upon past research inconsistencies, and also the effect these attitudes have upon the decisions of juries during rape cases. Second, a full understanding of what factors affect the attributions made about sexual violence might allow examination of what methods of attitude change are most effective for different groups of individuals (e.g., males vs. female, traditional vs. egalitarian). If acceptance of rape myths is related not only to negative attitudes towards survivors, but also the propensity towards sexual aggression, developing methods of successful attitude change can be seen to be of vital importance.

In relation to the aims of this thesis, therefore, it can be seen that examining the manifestations of sexual aggression can help formulate an effective explanation of sexual violence. Such explanations might help reduce the acceptance of rape myths. These relationships and their possible positive outcomes are shown in Figure 8.1.

Figure 8.1 - POSSIBLE POSITIVE OUTCOMES OF INCREASING PUBLIC UNDERSTANDING OF SEXUAL VIOLENCE



First, acceptance of rape myths has been related to a propensity towards sexual aggression, therefore, their reduction might actually help reduce the occurrence of sexual violence (blue arrow on Figure 8.1). Second, a relationship has been found between rape myth acceptance, attitudes toward gender-roles and negative attributions towards survivors of sexual violence. As such, reduction of negative attributions and attitudes might reduce the likelihood of the secondary victimisation of survivors of sexual violence. Third, Figure 8.1 shows the possible relationship between negative attitudes, secondary victimisation and report rate (green arrows). These relationships were examined as part of the

survey study also presented in this thesis. Should these relationships exist it can be seen that whilst reduction of rape myth acceptance might reduce secondary victimisation and increase report rate, this increased report rate might then aid our level of understanding about sexual violence.

The Aftermath of Sexual Violence

Over the last twenty-five years a number of researchers have examined the manner in which sexual violence affects survivors (e.g., Kilpatrick et al., 1979; Koss & Harvey, 1991). Feelings of intense fear, depression, anxiety, and suicidal ideation appear to be very common among survivors. Such symptoms might manifest themselves as nightmares, flashbacks, and avoidant behaviours, which are all criteria for a diagnosis of PTSD, which has been found to be prevalent within abused populations. Sexual satisfaction, and social functioning also appear to be negatively impacted. The survey study presented in this thesis confirmed that all these types of general health and trauma-related symptomatology are prevalent amongst survivors of sexual violence, even in comparison to survivors of other crime types.

Whilst past research has provided insight into how assault characteristics, survivor cognitions, and post-assault interactions relate to recovery from sexual victimisation, they have tended to examine these factors separately. Little was previously known, therefore, about their relationship to each other, or relative importance in predicting recovery. The survey study presented in this thesis, therefore, examined each of these factors separately in order to shed further light upon their relationship to recovery, and also examined their effects in relation to each other.

In line with past research findings, this study suggested that those survivors most severely assaulted and who have been recently victimised are likely to exhibit the highest levels of symptomatology. Such survivors, therefore, might be in particular need of supportive intervention and especially

vulnerable to the effects of secondary victimisation. Examination of the effects of assault characteristics also suggested that the trauma experienced by those survivors abused by people they know, especially if this abuse is ongoing should not be minimised. These findings highlight the need for swift and effective intervention in ongoing abuse between known individuals, which can only be brought about if an atmosphere exists within society which encourages and accepts disclosure. Dispelling the myths about 'acquaintance' rape (i.e., that it is less traumatic than stranger rape, or not in fact real rape) is likely to be necessary in order to achieve this.

Survivor attributions and perceptions were found to be highly related to symptomatology. In fact, self-report measures of blame type, perceived control, fear and change in just world belief, were greater predictors of post-assault symptomatology than the any assault characteristic (including severity) and post-assault decisions to disclose or report to the police. Whilst the passage of time might serve to increase survivors perceptions of control and reduce levels of fear, blame attributions and belief in a just world might require specific intervention. In addition, it appears that even assault severity (a significant predictors of several measures of symptomatology) is unrelated to the formulation of these negative cognitions. Past research has reported a relationship between self-blame and levels of control, however a similar relationship was not seen for the present subject population. Also, despite the fact that no relationship was found between self-blame and perceived control, both were found to be related to increased symptomatology. There may, therefore, be something unique about the nature of self-blame attributions in the case of sexual assault which prevent it from having a positive impact on recovery. If so, future researchers might wish to further examine the exact nature of these attributions and what assault factors, or survivor characteristics might predict attributions of self-blame.

These findings concerning the effects of survivor attributions and

perceptions support the need for a high level of awareness within society and effective crisis intervention. Without providing an atmosphere in which survivors feel they can disclose and discuss their emotions, those attributions and perceptions related to increased trauma might never be detected. Uncovering negative cognitions might allow intervention personnel to concentrate their therapeutic efforts on those types of symptomatology predicted by the existence of those cognitions. Conversely, if medical professions detect the existence of certain negative cognitions a supportive atmosphere in which these can be explored and altered needs to be available.

These findings also suggest that those who interact with survivors post-assault should attempt to help survivors realise that they did not cause their own victimisation, and attempts should be made to reduce victim-blaming attitudes within society so that these such negative self-perceptions are not compounded. In addition, individuals who interact with survivors should encourage and allow them to take control over their life post-assault, and concentrate on reducing irrational fears whilst preventing further victimisation. Change in belief in a just world is a relatively new variable that has not been extensively examined in past research. As such, further examination of what factors are related to change in just world belief might shed further light on the manner in which these perceptions affect recovery from sexual victimisation.

Examination of post-assault interactions provided two interesting results. First, support seeking was found to be related to assault severity, self-blame and increased symptomatology. As both self-blame and assault severity have been found to be significant predictors of increased symptomatology, and the statements of survivors suggest that they sought support due to the fact that they felt they needed it, this suggests that it is increased symptomatology, probably resulting from one of these two factors, which leads survivors to seek support. This emphasises the need to ensure that support is available to those survivors most at risk of increased trauma.

Despite the fact that too few survivors in the survey study reported to the police, or attended court for the nature of their interactions to be examined, it was found that the majority of subjects who did not report their victimisation experience to the police did so due to lack of faith in the police or fear of Criminal Justice Interactions. Also, *satisfaction* with report decision was found not only to be an important predictor of symptomatology but also to be highly related to negative perceptions. These findings highlight, not only the need to prevent secondary victimisation of survivors who report to the police, but also the need to increase faith in the Criminal Justice System in order that those survivors who would like to report their victimisation feel they will be taken seriously and treated well. These two implications are undoubtedly closely related to each other.

The public's perceptions of the manner in which the police and Criminal Justice System deal with survivors of sexual violence is likely to be caused by hearing of negative experiences from survivors who have reported. This by no means suggests that all survivors who report, experience secondary victimisation. However, high profile court cases in which secondary victimisation of a sexual assault survivor is apparent and acute might greatly affect public perceptions.¹⁰⁷ As such a reduction in the incidence of secondary victimisation might be an important precursor to attempts to increase report rate. Interviews with members of the Scottish Legal System¹⁰⁸ suggest that nonfundamental changes to court and legal procedure might aid this process. As acceptance of rape myths has been found to be related to negative attitudes and attributions toward survivors of sexual violence, it is likely also that dispelling these myths is essential to any attempts to combat secondary victimisation. Should future research find the that negative post-assault interactions do increase symptomatology and negative perceptions¹⁰⁹, this would serve to

¹⁰⁷ A good example of this might be the recent case in the UK where a rape survivor was cross-examined for several days by her assailant (who was acting as his own defence).

¹⁰⁸ See Appendix Three.

¹⁰⁹ See Chapter Seven.

emphasise the importance of preventing secondary victimisation in order to improve recovery from sexual victimisation.

CONCLUSIONS

It can be seen that examination of all aspects of sexual victimisation has provided insight regarding the three aims of this thesis. These aims were to provide a greater understanding of how to support survivors of sexual victimisation, improve report rate for sexual crimes, and prevent secondary victimisation. Despite the fact that there is unlikely to be a panacea regarding the support of survivors of sexual violence, this thesis has highlighted a number of issues which could allow support providers to target those survivors most at risk of high levels of symptomatology. Due to the fact that sexual violence appears to have such a traumatic impact upon survivors and manifest itself in so many ways, an increased understanding of sexual violence could only help improve society's ability to care for its survivors. In order to provide this understanding and provide the opportunity for conviction of offenders it is necessary to increase the report rate for sexual crimes. An increase in report rate, however, is unlikely without successful prevention of secondary victimisation which is dependent upon the alteration of negative attitudes towards survivors of sexual violence.

It can be concluded on the basis of these relationships, therefore, that only with continued research into the nature and effects of all aspects of sexual violence, can the problems it causes within society be successfully addressed and overcome.

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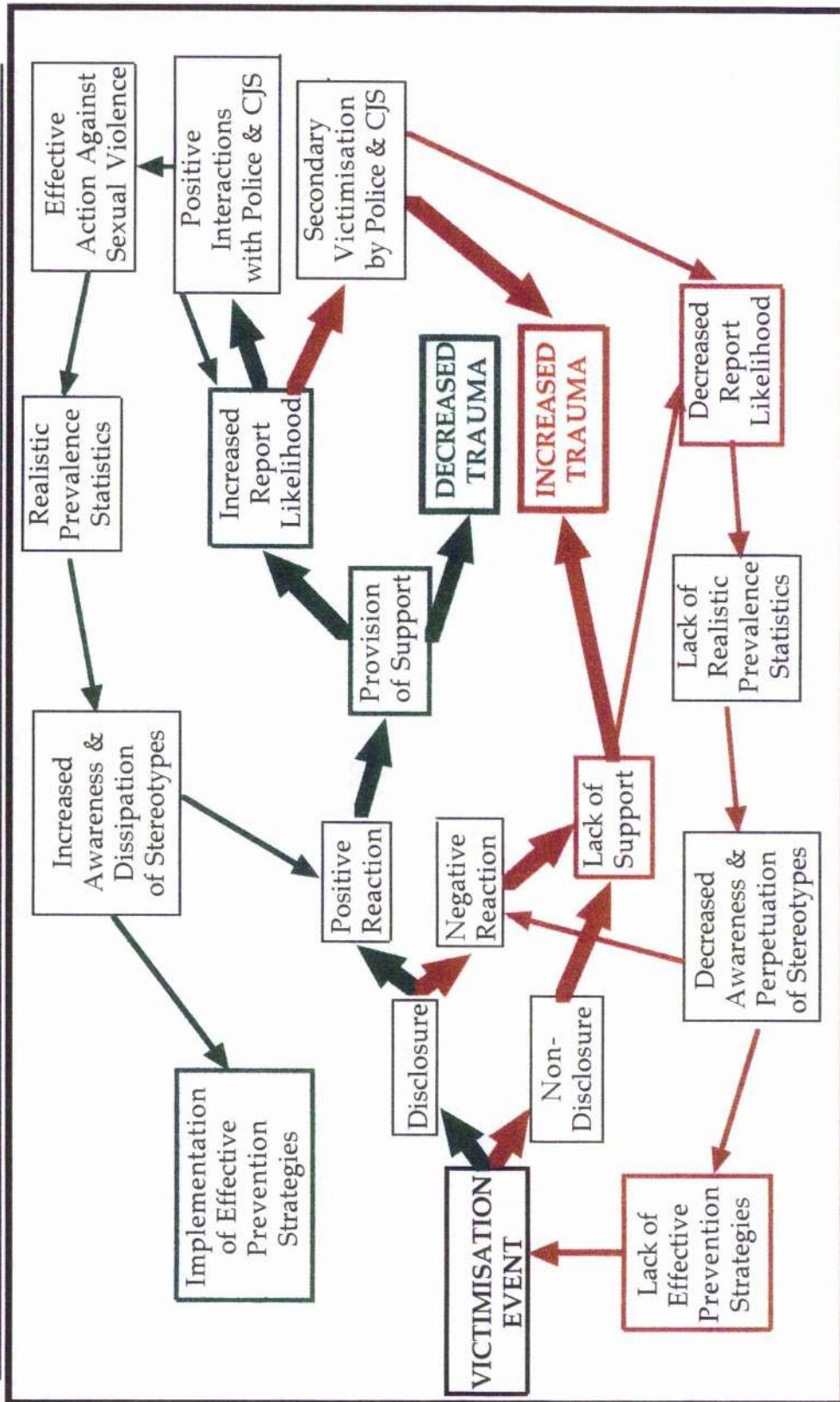
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FIGURE 3.2 - FEEDBACK MODEL OF REACTIONS AND INTERACTIONS FOLLOWING SEXUAL ASSAULT



APPENDIX TWO - EXPERIMENTAL MATERIALS

1. LABORATORY STUDY ONE

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PLEASE READ THE TWO DESCRIPTIONS ON THIS
COVER PAGE AND THEN TURN OVER AND READ
THE SCENARIO THAT FOLLOWS.

DESCRIPTION OF FEMALE

Rachel is 20 years old and a student at a large University, where she is in her second year of study. Rachel studies French and is quite successful in her studies. She enjoys University life, and has a relatively full social life. Whilst at University Rachel has had a few boyfriends although none were especially long term.

She has an elder brother and sister, but was the only child in her family to go on to further education. Her parents still live in the small village in which she was brought up although her siblings have moved to large cities. Her parents frequently travel through to University to visit her.

Rachel is 5'4" with shoulder length brown hair.

DESCRIPTION OF MALE

John is a 21 year old student at the same University as Rachel. He is in his third year of study. John studies history and when he is not studying he spends his time socialising and swimming for the University team. He has had a couple of girlfriends since going to University; one relationship lasting almost a year.

He is an only child and has lived all his life in the town where he now attends University. He chose to live in a flat rather than at home, in order to gain more independence, although he tries to visit his parents every weekend.

John is 5'9" with short, blonde hair.

SCENARIO:

On a Sunday in the third term of their second year, Rachel and two of her friends, Anne and Lucy, met at the flat of their other friend Jane. They had spent the afternoon looking over notes from a French course which they all attended as end of term exams were due to start in a few weeks. By 6pm the girls decided to stop working, Jane made coffee and sandwiches and the girls spent a further hour chatting about what they had each done over the weekend.

The four girls had known each other since their first year when they had all lived in the same Hall of Residence. Although only Anne and Lucy now lived together in a flat, they all remained close friends and saw each other frequently. Rachel had decided to remain in the Hall of Residence as she felt it would be cheaper there, and easier to work.

Just after 7pm Rachel decided it was time to head back to the Hall as she was expecting a phone call from her parents. Anne and Lucy left with her so they could all walk together, as their flat was close by the Hall. When they reached the flat Rachel declined the offer of another coffee but arranged to meet the girls the next morning before their lecture.

Her parents phoned shortly after Rachel returned to her room, and they spoke for over half an hour as her parents were planning to visit Rachel the next weekend and they were arranging a mutually convenient time. After the phone call Rachel went back to her room and lay on her bed reading over some work for the next days lectures and tutorials.

A short time afterwards, about 8.20pm, she heard a knock at her door and called out for the person to come in. When they entered she realised it was her boyfriend, John, who she had been dating for several weeks.

He came into the room and sat down on the chair by her desk. She was surprised to see him there that evening, and he explained that he had been in

the Hall for other reasons, and someone had told him that she was in her room, so he thought he would come and see her. He started to chat to her and asked her how her day had been and how her work was going. She explained that she and a group of friends were studying together for the French exam, and that she was planning to work extra hard for the next week so she could take time off when her parents came visit at the weekend.

They continued to chat for some time, about each of their lives at University and the friends they had in common. Then John asked if she would like to join him for a drink and spend some time with him as there was a pub close to the Hall. Rachel declined and explained that she was tired and had work to do for an early lecture the next day. At first John appeared not to take her refusal seriously, but then he became quite agitated when he started to insist she join him and she became more blunt in her refusal.

They then started to argue as John seemed unable to understand why she did not want to spend time with him and why she had let him in if she had so much work to do. Rachel began to get upset by the way he was acting and was unsure if he had perhaps been drinking so she asked him to leave. John became very angry at this point, and when Rachel attempted to open the door he grabbed her arm and put his other hand over her mouth.

She attempted to scream and struggle but he was too strong for her. He then started hitting her about the head and body.

He suddenly stopped and stared at Rachel and then ran from the room. As soon as he left Rachel began to cry and call out for help.

SCENARIO:

On a Sunday in the third term of their second year, Rachel and two of her friends, Anne and Lucy, met at the flat of their other friend Jane. They had spent the afternoon looking over notes from a French course which they all attended as end of term exams were due to start in a few weeks. By 6pm the girls decided to stop working, Jane made coffee and sandwiches and the girls spent a further hour chatting about what they had each done over the weekend.

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COULD YOU NOW ANSWER THE FOLLOWING 20
QUESTIONS BASED ON THE SCENARIO YOU HAVE
JUST READ:
(circle the number you feel is most appropriate)

1. How successful do you feel Rachel will be in her studies at University?
Not at all successful
1 2 3 4 5 6
Extremely successful
2. How important is having good friends to Rachel?
Not at all important
1 2 3 4 5 6
Extremely important
3. How typical a female University student is Rachel?
Not at all typical
1 2 3 4 5 6
Extremely typical
4. How likely is it that John would act without first considering the consequences?
Not at all likely
1 2 3 4 5 6
Extremely likely
5. How likely is it that Rachel would tell her parents of anything important that happened to her?
Not at all likely
1 2 3 4 5 6
Extremely likely

6. How understanding are Johns friends likely to be of the way he acted?
Not at all understanding
1 2 3 4 5 6
Extremely understanding
7. How sympathetic are friends and family likely to be to Rachel regarding the incident with John?
Not at all sympathetic
1 2 3 4 5 6
Extremely sympathetic
8. How naive do you feel Rachel is because of her background?
Not at all naive
1 2 3 4 5 6
Extremely naive
9. How hard do you think Rachel tries to please her parents?
Not at all hard
1 2 3 4 5 6
Extremely hard
10. How responsible do you feel Rachel was for the incident with John?
Not at all responsible
1 2 3 4 5 6
Extremely responsible
11. How typical a male University student is John?
Not at all typical
1 2 3 4 5 6
Extremely typical

12. How likely do you feel it is that Rachel's friends look up to her?

Not at all likely 1 2 3 4 5 6
Extremely likely

13. How severe a punishment do you feel John deserves for his actions?

Not at all severe 1 2 3 4 5 6
Extremely severe

14. How likely do you think it is that faced with a similar situation again Rachel would act differently?

Not at all likely 1 2 3 4 5 6
Extremely likely

15. How impulsive do you think Rachel is?

Not at all impulsive 1 2 3 4 5 6
Extremely impulsive

16. How likely do you think it is that Rachel will work hard to get where she wants?

Not at all likely 1 2 3 4 5 6
Extremely likely

17. How severe do you think the emotional trauma Rachel would suffer would be.

Not at all severe 1 2 3 4 5 6
Extremely severe

18. How likely do you think it is that faced with a similar situation again John would act differently?

Not at all likely 1 2 3 4 5 6
Extremely likely

19. How likely do you think it is that Rachel will report John to the police?

Not at all likely 1 2 3 4 5 6
Extremely likely

20. How proud do you think Rachel's parents are of her?

Not at all proud 1 2 3 4 5 6
Extremely proud

COULD YOU ALSO NOW ANSWER THE FOLLOWING FIFTEEN QUESTIONS BASED ON YOUR OWN BELIEFS:
(Circle the letter you feel is most appropriate)

1. Swearing and obscenity are more repulsive in the speech of a woman than a man. Agree Disagree
A B C D

2. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry. Agree Disagree
A B C D

3. It is insulting to women to have the "obey" clause remain in the marriage service.	Agree A	B	C	Disagree D
4. A woman should be as free as a man to propose marriage.	Agree A	B	C	Disagree D
5. Women should worry less about their rights and more about becoming good wives and mothers.	Agree A	B	C	Disagree D
6. Women should assume their rightful place in business and all the professions along with men.	Agree A	B	C	Disagree D
7. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.	Agree A	B	C	Disagree D
8. It is ridiculous for a woman to run a locomotive and for a man to darn socks.	Agree A	B	C	Disagree D
9. The intellectual leadership of a community should be largely in the hands of men.	Agree A	B	C	Disagree D
10. Women should be given equal opportunity with men for apprenticeship in the various trades.	Agree A	B	C	Disagree D
11. Women earnings as much as their dates should bear equally the expense when they go out together.	Agree A	B	C	Disagree D
12. Sons in a family should be given more encouragement to go to college than daughters.	Agree A	B	C	Disagree D

13. In general, the father should have greater authority than the mother in the bringing up of children.	Agree A	B	C	Disagree D
14. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.	Agree A	B	C	Disagree D
15. There are many jobs in which men should be given preference over women in being hired or promoted.	Agree A	B	C	Disagree D

PLEASE CIRCLE IF YOU ARE MALE OR ARE FEMALE:

MALE / FEMALE

THANK YOU VERY MUCH FOR YOUR HELP

PLEASE READ THE FOLLOWING PASSAGE

Sexual violence towards women is a wide-reaching problem in society. Although estimates of its prevalence differ, they all confirm this fact. Estimates include those by Russell (1982) who studied the reports of 930 Californian women and found that 44% had experienced rape or attempted rape in their lifetime. Later, in 1983, Russell & Howell stated that assuming there was no change in the present crime rates, at least one in three women living in large American cities would experience rape during their lifetime.

It is also clear from research that victims of sexual violence are normally assaulted by someone they know. Russell's study in 1982 found that one in seven women reported rape committed by their husband. Similarly in a national sample of higher education students Koss et al. (1987) found that 84% of rape victims knew their assailants with 57% of these offences occurring on dates. It was also reported by the The London Rape Crisis Centre in 1988 that 75% of men who abuse children are known and trusted by both the child and their mother.

Statistics concerning sexual violence are normally taken from samples of the general public, because examination of the number of victims who come to the attention of the police would provide figures that were not only underestimates but also information that was unrepresentative of who experiences sexual violence. The fact that few women come forward was shown by McLaughlin, Dobash & Dobash in 1990 who, with the use of a general public survey carried out in the Central Region of Scotland, found that approximately 80% of women do not report crimes of sexual violence to the police for fear of disbelief and blame. The fact that reported crimes do not give a representative picture of the number of victims who know the offender, was confirmed by Russell (1984) who calculated that 55% of reported rapes are those committed by strangers.

Research also suggests that the man who sexually abuses is not, as a rule, mentally unwell. Scully (1990), for example, found that only 5% of convicted rapists were diagnosed psychotic. Neither do they appear to be abnormal members of society e.g., Malamuth et al. (1980) found that 51% of young males indicated a likelihood that they themselves would rape if assured of not being punished.

The psychological effects of sexual violence on its victims are far-reaching and often long-lasting. Kilpatrick et al. (1987) found that 57% of women who are raped are diagnosed as having post-traumatic stress disorder, the symptoms of which include depression, anxiety, fear, nightmares, flashbacks, and suicidal tendencies. They also found that 17% of victims were still experiencing these symptoms 17 years after the assault.

In order to prevent society from sustaining the myths about sexual violence (e.g. that it is a rare event, that it is committed by the deranged stranger, that the woman must have done something wrong, and myths that allow men to avoid responsibility for their actions), we must allow victims to come forward and report their abuse without fear that they will be blamed or disbelieved so that justice can be done, and eventually society can change for the better.

NOW TURN OVER....

PLEASE READ THE FOLLOWING PASSAGE

There are differing views on why sexual violence occurs. One, early, explanatory model asserted that sexual aggression is limited to a particular section of the male population who suffer from psychological problems. These problems were thought to result in males having a need for power and dominance over women, a deep-seated anger against women, or a sadistic need to hurt and destroy them. This model could be seen to provide a suitable explanation for sexual violence, if one were to believe that crimes of sexual violence are rare acts carried out by the deranged stranger who perhaps prowls the streets at night-time. It could also allow the majority of males in our society who do not have psychological problems of this type, to distance themselves from that type of behaviour and regard it as only something that this 'other' kind of man would do. It could also lead women to believe that to avoid sexual violence they need to 'act sensibly' and avoid walking alone at night-time and perhaps rely on men they know to protect them.

However, more recent research has shown that a large number of women in society been subject to sexual violence, and that the majority of these crimes are carried out by men with whom the victims are acquainted.

The above model helps to sustain many of the myths in society concerned with who commits acts of sexual violence and who the victims are. It also helps perpetuate the belief in society that sexual violence victims who were assaulted by someone they know must have done something to elicit the attack, or that the attack simply did not take place. The myths that surround sexual violence help to justify the fact that abusers, and society as a whole, blame the victim for what is done to them.

In order to find a theory that can explain sexual violence, without perpetuating rape myths, one must look to the more recent literature that focuses more on society than the individual. This type of literature asserts that rape is not, as was previously believed, a crime of frustrated attraction, victim provocation, or uncontrollable biological urge, nor is it perpetrated only by an aberrant fringe of the population, but rather it is a direct expression of sexual politics, male dominance and a form of terrorism designed to maintain the social status quo. This theory sees sexual violence as a socially structured mode of domination in which rape and fear of rape maintain social organisation, i.e., sustaining women's subordination to men.

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NOW TURN OVER....

1

Circle the response number which you feel most closely matches your own beliefs.

Please Make sure you Answer ALL Questions

- | | Disagree Strongly | Disagree Mildly | Agree Mildly | Agree Strongly |
|---|-------------------|-----------------|--------------|----------------|
| 1. A raped woman is a less desirable woman. | 1 | 2 | 3 | 4 |
| 2. The extent of the woman's resistance should be the major factor in determining if a rape has occurred. | 1 | 2 | 3 | 4 |
| 3. A raped woman is usually an innocent victim. | 1 | 2 | 3 | 4 |
| 4. Women often claim rape to protect their reputations. | 1 | 2 | 3 | 4 |
| 5. "Good" girls are as likely to be raped as "bad" girls. | 1 | 2 | 3 | 4 |
| 6. Women who have had prior sexual relationships should not complain about rape. | 1 | 2 | 3 | 4 |
| 7. Women do not provoke rape by their appearance or behaviour. | 1 | 2 | 3 | 4 |
| 8. Intoxicated women are usually willing to have sexual relations. | 1 | 2 | 3 | 4 |
| 9. It would do some women good to be raped. | 1 | 2 | 3 | 4 |
| 10. Even women who feel guilty about engaging in premarital sex are not likely to falsely claim rape. | 1 | 2 | 3 | 4 |
| 11. Most women secretly desire to be raped. | 1 | 2 | 3 | 4 |
| 12. Any female may be raped. | 1 | 2 | 3 | 4 |
| 13. Women who are raped while accepting rides from strangers get what they deserve. | 1 | 2 | 3 | 4 |
| 14. Many women invent rape stories if they learn they are pregnant. | 1 | 2 | 3 | 4 |
| 15. Men, not women, are responsible for rape. | 1 | 2 | 3 | 4 |
| 16. A woman who goes out alone at night puts herself in a position to be raped. | 1 | 2 | 3 | 4 |

TURN OVER.....

2

- | | Disagree Strongly | Disagree Mildly | Agree Mildly | Agree Strongly |
|---|-------------------|-----------------|--------------|----------------|
| 17. Many women claim rape if they have consented to sexual relations but have changed their minds afterwards. | 1 | 2 | 3 | 4 |
| 18. Accusations of rape by bar maids, dance hostesses and prostitutes should be viewed with suspicion. | 1 | 2 | 3 | 4 |
| 19. A woman should not blame herself for rape. | 1 | 2 | 3 | 4 |
| 20. A healthy woman can successfully resist a rapist if she really tries. | 1 | 2 | 3 | 4 |
| 21. Many women who report rape are lying because they are angry or want revenge on the accused. | 1 | 2 | 3 | 4 |
| 22. Women who wear short skirts or tight blouses are not inviting rape. | 1 | 2 | 3 | 4 |
| 23. Women put themselves in situations in which they are likely to be sexually assaulted because they have an unconscious wish to be raped. | 1 | 2 | 3 | 4 |
| 24. Sexually experienced women are not really damaged by rape. | 1 | 2 | 3 | 4 |
| 25. In most cases when a woman was raped, she deserved it. | 1 | 2 | 3 | 4 |

In the next fifteen questions circle the letter you feel is most appropriate

Please Continue to Answer ALL Questions

- | | Agree | Disagree |
|---|---------|----------|
| 1. Swearing and obscenity are more repulsive in the speech of a woman than a man. | A B C D | Disagree |
| 2. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry. | A B C D | Disagree |

TURN OVER.....

4

Please Now Answer these Short Questions

1. PLEASE CIRCLE WHETHER YOU ARE MALE OR FEMALE:
FEMALE/MALE
2. PLEASE ENTER YOUR AGE _____
3. DO YOU KNOW ANYONE IN YOUR FAMILY, OR CLOSE CIRCLE OF FRIENDS WHO HAS BEEN SEXUALLY ASSAULTED
YES/NO
4. IF SO, HOW LONG AGO WAS IT _____

THANK YOU FOR YOUR HELP

- | | | | | |
|---|-------|-------|----------|----------|
| 3. It is insulting to women to have the "obey" clause remain in the marriage service. | 3 | Agree | | Disagree |
| | A | B | C | D |
| 4. A woman should be as free as a man to propose marriage. | Agree | | Disagree | |
| | A | B | C | D |
| 5. Women should worry less about their rights and more about becoming good wives and mothers. | Agree | | Disagree | |
| | A | B | C | D |
| 6. Women should assume their rightful place in business and all the professions along with men. | Agree | | Disagree | |
| | A | B | C | D |
| 7. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man. | Agree | | Disagree | |
| | A | B | C | D |
| 8. It is ridiculous for a woman to drive a train and for a man to darn socks. | Agree | | Disagree | |
| | A | B | C | D |
| 9. The intellectual leadership of a community should be largely in the hands of men. | Agree | | Disagree | |
| | A | B | C | D |
| 10. Women should be given equal opportunity with men for apprenticeship in the various trades. | Agree | | Disagree | |
| | A | B | C | D |
| 11. Women earning as much as their dates should bear equally the expense when they go out together. | Agree | | Disagree | |
| | A | B | C | D |
| 12. Sons in a family should be given more encouragement to go to college than daughters. | Agree | | Disagree | |
| | A | B | C | D |
| 13. In general, the father should have greater authority than the mother in the bringing up of children. | Agree | | Disagree | |
| | A | B | C | D |
| 14. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men. | Agree | | Disagree | |
| | A | B | C | D |
| 15. There are many jobs in which men should be given preference over women in being hired or promoted. | Agree | | Disagree | |
| | A | B | C | D |

TURN OVER.....



UNIVERSITY OF ST ANDREWS
SCHOOL OF PSYCHOLOGY
ST. ANDREWS, FIFE, SCOTLAND, KY16 9JU

From: Katherine E. Edward MA(Hons)

Switchboard: (01334) 476161
Extension: 3056
Direct line: (01334) 463056
Fax: (01334) 463042
E-mail: kee@st-and.ac.uk

Dear Ms

I am a postgraduate student studying psychology at the University of St. Andrews under the supervision of Dr. Malcolm MacLeod. The area of my research is women's experiences of crime, their reactions to crime, and their treatment by the general public, police, court system, and other professionals as a result of their experiences. The aim of this research is to obtain a clearer picture of the effects of crime and to determine how voluntary and statutory agencies might be better equipped to help and support women who have been victimised.

I am presently carrying out a survey of women in the Tayside region. I obtained your name and address as part of a random sample taken from the electoral role in your area. I would be extremely grateful if you would complete the enclosed questionnaire (even if you have not experienced crime) and return it to me. I assure you that all responses you give will be kept STRICTLY CONFIDENTIAL.

Please now turn to the cover page of Questionnaire 1 and follow the instructions given (even if you do not wish to complete the questionnaire). It will be made clear at the end of Questionnaire 1 whether you should also complete Questionnaire 2.

I would like to thank you very much for any assistance you can give with this research.

Yours sincerely,

Katherine E. Edward MA.

QUESTIONNAIRE 1.

As explained in the enclosed covering letter, Questionnaire 1 concerns your attitude towards crime, your attitude towards the world in general, and some questions concerning your general health and well-being.

I would be EXTREMELY GRATEFUL if you would take the time to complete this questionnaire for me. All answers you give will be kept

STRICTLY CONFIDENTIAL

At the end of Questionnaire 1, it will be explained whether Questionnaire 2, is relevant to you.

Even if you are not willing to complete any part of this Questionnaire it would be much appreciated if you could tick the box below, and return all parts in the stamped addressed envelope provided, as soon as possible.

I am not willing to complete Questionnaire 1.....☐

If you are willing to complete Questionnaire 1, please read the instructions below and turn to the next page.

INSTRUCTIONS:

- 1 Please work through the questionnaire page by page, answering each question in turn.
- 2 If a question is followed by a number of possible responses, please tick the box beside the response you feel is most appropriate. Tick only one box per question unless instructed otherwise. If a scale of 1 - 6 is given beneath a question, circle the number you feel is most appropriate.
- 3 If the question is followed by a 'yes' or 'no' option, tick the appropriate box and answer the questions beneath that response, following the arrows.
- 4 If you are instructed after a question you have answered to 'go to' another question, go straight to that question and miss out those in between, they will not be relevant to you.

THANK YOU FOR TAKING PART

A

1. WHAT IS YOUR DATE OF BIRTH ?

___/___/___

2. WERE YOU BORN IN THE UK ?

YES.....☐

NO.....☐

HOW LONG HAVE YOU LIVED IN THE UK ?

Years _____ Months _____

WHERE DID YOU ORIGINALLY LIVE ?

3. WHAT IS YOUR MARITAL STATUS ?

- ☐ Married
☐ Living with partner
☐ In a relationship
☐ Separated
☐ Divorced
☐ Single

4. ARE YOU IN PAID EMPLOYMENT ?

YES.....☐

NO.....☐

What is your occupation?

If you have a partner/spouse, what is their occupation?

5. DO YOU HAVE ANY EDUCATIONAL QUALIFICATIONS, IF SO WHAT IS HIGHEST LEVEL ?

6. DO YOU HAVE ANY CHILDREN ?

NO.....☐

YES.....☐

PLEASE SPECIFY THE AGES OF
MALES AND/OR FEMALES

Males _____
Females _____

7. HOW LONG HAVE YOU LIVED IN THE
AREA IN WHICH YOU NOW LIVE ?

Years _____ Months _____

Please Turn Over.....

PLEASE CIRCLE THE APPROPRIATE NUMBER BELOW EACH
STATEMENT TO INDICATE YOUR LEVEL OF AGREEMENT OR
DISAGREEMENT WITH EACH, E.g. if you strongly disagree with the statement
circle 1, if you disagree quite a lot circle 2, if you disagree only a small amount
circle 3, if you agree only a small amount circle 4 and so on. PLEASE ENSURE
YOU ANSWER ALL QUESTIONS.

1. I've found that a person rarely deserves the reputation he has.

Strongly disagree 1 2 3 4 5 Strongly agree 6

2. Basically, the world is a just place.

Strongly disagree 1 2 3 4 5 Strongly agree 6

3. People who get 'luck breaks' have usually earned their good fortune.

Strongly disagree 1 2 3 4 5 Strongly agree 6

4. Careful drivers are just as likely to get hurt in traffic accidents as careless ones.

Strongly disagree 1 2 3 4 5 Strongly agree 6

5. It is a common occurrence for a guilty person to get off free in Scottish courts.

Strongly disagree 1 2 3 4 5 Strongly agree 6

6. Students almost always deserve the grades they receive in school.

Strongly disagree 1 2 3 4 5 Strongly agree 6

7. Men who keep in shape have little chance of suffering a heart attack.

Strongly disagree 1 2 3 4 5 Strongly agree 6

8. The political candidate who sticks up for his principles rarely gets elected.

Strongly disagree 1 2 3 4 5 Strongly agree 6

5

6

9. It is rare for an innocent man to be wrongly sent to jail.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 10. In professional sports, many fouls never get called by the referee.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 11. By and large, people deserve what they get.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 12. When parents punish their children, it is almost always for good reasons.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 13. Good deeds often go unnoticed and unrewarded.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 14. Although evil men may hold political power for a while, in the general course of history good wins out.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 15. In almost any business or profession, people who do their job well rise to the top.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 16. Scottish parents tend to overlook the things most to be admired in their children.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 17. It is often impossible for a person to receive a fair trial in Scotland.
Strongly disagree 1 2 3 4 5 Strongly agree 6
 18. People who meet with misfortune have often brought it on themselves.
Strongly disagree 1 2 3 4 5 Strongly agree 6
19. Crime doesn't pay.
Strongly disagree 1 2 3 4 5 Strongly agree 6
20. Many people suffer through absolutely no fault of their own.
Strongly disagree 1 2 3 4 5 Strongly agree 6
- Please Turn Over.....

THE GENERAL HEALTH QUESTIONNAIRE

GHQ 28

David Goldberg

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently

A1 — been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2 — been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3 — been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4 — felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5 — been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6 — been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7 — been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
B1 — lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2 — had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3 — felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4 — been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5 — been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6 — found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7 — been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Please turn over

Have you recently

C1 – been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2 – been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3 – felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4 – been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5 – felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6 – felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7 – been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual

D1 – been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2 – felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3 – felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4 – thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5 – found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6 – found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7 – found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

A

B

C

D

TOTAL

COULD YOU ALSO ANSWER THE FOLLOWING ADDITIONAL QUESTIONS
IN THE SAME MANNER - AGAIN FOR THE PAST FEW WEEKS.

Have you recently

- | | | | | |
|---|------------|--------------------|------------------------|----------------------|
| 1 - Had any nightmares | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 2 - Felt the desire the physically hurt others | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 3 - Felt the desire to physically hurt yourself | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 4 - Had "flashbacks" (sudden, vivid, distracting memories) | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 5 - Felt yourself "spacing out" (going away in your mind) | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 6 - Had any problems related to sex or your sexual feelings | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 7 - Felt guilty | Not at all | No more than usual | Rather more than usual | Much more than usual |

Please Turn Over.....

B

1. TO WHAT EXTENT DO YOU FEAR THAT YOU
WILL BECOME THE VICTIM OF CRIME ?

(Please the number you feel is most appropriate on the scale of 1 - 6)

Not at all 1 2 3 4 5 6 A great deal

2. WHAT TYPE OF CRIME DO YOU FEAR MOST ?

(Please rank the following using the numbers 1 - 7; 1 = the crime you fear the most, 7 = the crime you fear the least)

Burglary.....
Car Theft.....
Mugging.....
Physical assault by someone you know.....
Physical assault by someone you don't know.....
Sexual assault by someone you know.....
Sexual assault by someone you don't know.....

3. WHAT PRECAUTIONS DO YOU TAKE TO AVOID CRIME?

(Tick more than one box if necessary)

None.....
Extra security on house.....
Extra security on car.....
Only go out alone in areas you regard safe.....
Don't go out alone at night.....
Always get taxis home at night.....
Carry personal alarm.....
Try not to be alone with people you do not know very well.....
Other.....

4. IN GENERAL HOW MUCH CONTROL DO YOU FEEL
YOU HAVE OVER WHAT HAPPENS TO YOU ?

(Please the number you feel is most appropriate on the scale of 1 - 6)

Not at all 1 2 3 4 5 6 A great deal

5. HAVE ANY OF THE FOLLOWING HAPPENED TO YOU
IN THE LAST YEAR ?

(Tick more than one box if necessary)

- Divorce/separation..... ☐
- Moving house..... ☐
- Loss of job..... ☐
- Death of someone close to you..... ☐
- Serious illness of self or someone close to you..... ☐
- Involvement in serious accident or natural disaster..... ☐
- None..... ☐

6. HOW SEVERELY DO YOU THINK THIS EVENT
AFFECTED YOU EMOTIONALLY ?

(Please the number you feel is most appropriate on the scale of 1 - 6)

Not at all 2 3 4 5 A great deal
1

7. HAVE YOU EXPERIENCED ANY OF
THE FOLLOWING ?

- Burglary..... ☐
- Car Theft..... ☐
- Mugging..... ☐
- Physical assault..... ☐
- Forced or unwanted sexual contact..... ☐
- None..... ☐

- If you have had any experiences of forced or unwanted sexual
contact during your lifetime, please go to the cover page of
questionnaire 2.

- If you had not had any such experiences please now return your
completed questionnaire 1. and uncompleted questionnaire 2. to
me in the stamped addressed envelope provided.

I WOULD LIKE TO THANK YOU AGAIN FOR YOUR
PARTICIPATION, AND REASSURE YOU THAT ALL
RESPONSES YOU HAVE GIVEN WILL BE KEPT

STRICTLY CONFIDENTIAL.

QUESTIONNAIRE 2

This part of the questionnaire concerns your experiences of forced or unwanted sexual contact.

The aim of this questionnaire is to gain an insight into women's experiences, how they feel about their experiences, and how others treat them. It is hoped that an improved understanding of such experiences can be used to help all women and improve the services provided for them.

Please note that although this Questionnaire looks lengthy, you will not have to answer every question.

If you are willing to complete this Questionnaire please tick the appropriate box below and follow the instructions in brackets.

I realise that such experiences are not easy to share with others, if you prefer not to complete this Questionnaire 2 please tick the appropriate box below and follow the instructions in brackets.

If you would prefer to talk to me about your experiences in a CONFIDENTIAL interview, please tick the appropriate box below and follow the instructions in brackets.

I am willing to complete Questionnaire 2.....☐ (please turn to the next page and follow instructions (same as for Questionnaire 1) - remember to post Questionnaires 1 & 2 back to me in SAE provided when completed)

I would prefer not to complete Questionnaire 2.....☐ (please post your completed Questionnaire 1 and uncompleted Questionnaire 2 back to me in SAE provided)

I would prefer to be interviewed rather than completing Questionnaire 2.....☐ (please turn to the last page, fill in the address section with an address at which you prefer to be contacted, and post Questionnaire 1 & 2 back to the in the SAE provided)

SECTION A. - (ANSWER ONLY IF YOU HAD EXPERIENCES OF UNWANTED OR FORCED SEXUAL CONTACT PRIOR TO AGE SIXTEEN. IF NOT GO TO SECTION B, p. 13)

—If you find you cannot remember the answer to any of the questions in this section, please feel free to write this beside the question—

1. WHICH OF THE FOLLOWING MOST CLOSELY DESCRIBES YOUR EXPERIENCE(S) ?

(Tick more than one box if necessary, then fill in underneath the option, who the person(s) was in relation to you, e.g. father, brother, school friend; and the age(s) you were when it happened - or if it happened more than once with that person fill in roughly the age you were when it first and last happened)

Forced or coerced you into allowing them to touch of your body.....☐

Who.....
Your Age.....

Forced or coerced you into touching of their body.....☐

Who.....
Your Age.....

Forced or coerced you into engaging in specific sexual acts.....☐

Who.....
Your Age.....

Forced or coerced into full penetrative sexual intercourse.....☐

Who.....
Your Age.....

Other (Please try and specify what happened).....

Who.....
Your Age.....

2. UNTIL NOW, HAD YOU TOLD OTHERS ABOUT WHAT HAPPENED ?

YES.....☐

NO.....☐

(OTHER THAN POLICE, MEDICAL PERSONNEL, SUPPORT AGENCY) WHO WAS THE FIRST PERSON YOU TOLD?

Family Member.....☐ (Specify).....
Close friend.....☐
Acquaintance.....☐
Other.....☐ (Specify).....

WHY DID YOU NOT TELL ANYONE ?

Couldn't bring yourself to talk about it.....☐
There was no one you felt you could tell.....☐
You felt they would not believe you.....☐
Other.....☐ (Specify).....

WHY DID YOU CHOOSE TO TELL THIS PERSON ?

Felt you could trust them.....☐
Felt they would be supportive.....☐
Needed practical assistance.....☐
Had no choice in the circumstances.....☐
Other.....☐ (Specify).....

ARE YOU GLAD YOU TOLD NO ONE ?

YES.....☐
NO.....☐

NOW GO TO QUESTION 3

4

WHAT WAS THAT PERSON'S REACTION?

- Very supportive..... ☐
 Reasonably supportive..... ☐
 No real reaction..... ☐
 Over reacted..... ☐
 Did not believe you..... ☐
 Blamed you..... ☐

WAS THERE A REACTION FROM A PARTICULAR PERSON THAT YOU FEEL WAS ESPECIALLY HELPFUL/SUPPORTIVE, IF SO WHAT WAS IT?

- No..... ☐
 Listened..... ☐
 Did not blame..... ☐
 Helped with practical issues..... ☐
 Did not treat you differently..... ☐
 Other..... ☐ (Specify) _____

WAS THERE A REACTION FROM A PARTICULAR PERSON THAT YOU FEEL WAS ESPECIALLY UNHELPFUL/UNSUPPORTIVE, IF SO WHAT WAS IT?

- No..... ☐
 Did not listen..... ☐
 Blamed you for what happened..... ☐
 Did not appear to care..... ☐
 Overreacted..... ☐
 Refused help with practical issues..... ☐
 Other..... ☐ (Specify) _____

3. AFTER IT HAPPENED DID IT AFFECT YOU IN ANY OF THE FOLLOWING WAYS?

(Tick more than one box if necessary)

- Became withdrawn at home and school..... ☐
 'Played up' more at home and school..... ☐
 Slept less than before..... ☐
 Slept more than before..... ☐
 Had nightmares..... ☐
 Eating more than before..... ☐
 Eating less than before..... ☐
 Had positive effect on relationships with family and friends..... ☐
 Had negative effect on relationships with family and friends..... ☐
 Made you much less able to trust people..... ☐
 Made you much less able to trust yourself..... ☐
 Made you feel like you had lost control over your life..... ☐
 Made you feel like running away..... ☐
 Made you feel it was not worth going on..... ☐
 No..... ☐

4. AFTER IT HAPPENED DID YOU DO ANY OF THE FOLLOWING?

(Tick more than one box if necessary)

- Pretend that it hadn't happened..... ☐
 Pretend that it wasn't as bad as you thought..... ☐
 Think that it had not really been a crime..... ☐
 Totally block out the memory of what happened..... ☐
 No..... ☐

5. IMMEDIATELY AFTER IT HAPPENED WHO DID YOU FEEL WAS TO BLAME?

- The offender..... ☐
 You - because of something you did..... ☐
 You - because of the person you are..... ☐
 Someone else (Specify) _____

6. NOW WHO DO YOU FEEL WAS TO BLAME?

- The offender..... ☐
 You - because of something you did..... ☐
 You - because of the person you are..... ☐
 Someone else (Specify) _____

7. WHEN IT HAPPENED WHAT WAS YOUR STRONGEST EMOTIONAL REACTION?

(Tick more than one box if necessary)

- Shock..... ☐
 Disbelief..... ☐
 Anger..... ☐
 Disgust..... ☐
 Fear..... ☐
 Denial..... ☐
 Shame..... ☐
 Guilt..... ☐
 Other..... ☐ (Specify) _____

8. IMMEDIATELY AFTER IT HAPPENED WHAT DID YOU THINK WAS THE WORST PART OF WHAT HAPPENED?

6

9. WHAT IS YOUR STRONGEST EMOTIONAL REACTION TO WHAT HAPPENED AT THIS TIME?

- Shock..... ☐
 Disbelief..... ☐
 Anger..... ☐
 Disgust..... ☐
 Fear..... ☐
 Denial..... ☐
 Shame..... ☐
 Guilt..... ☐
 Other..... ☐ (Specify) _____

10. WHAT DO YOU THINK WAS THE WORST PART OF WHAT HAPPENED AT THIS TIME?

11. TO WHAT EXTENT DID YOUR EXPERIENCE MAKE YOU THINK THAT THE WORLD IS NOT A JUST AND FAIR PLACE?

(Please the number you feel is most appropriate on the scale of 1 - 6)

Not at all 1 2 3 4 5 6 A great deal

12. OTHER THAN EMOTIONALLY, WERE THERE ANY OTHER LASTING EFFECTS OF WHAT HAPPENED?

- Break-up of the family..... ☐
 Removal of yourself from the family home..... ☐
 Serious physical injury..... ☐
 Pregnancy..... ☐
 Sexually transmitted disease..... ☐
 Other..... ☐ (Specify) _____

13. DID YOU NEED MEDICAL ATTENTION AS A DIRECT RESULT OF WHAT HAPPENED?

YES..... ☐ NO..... ☐ NOW GO TO QUESTION 14

WHERE DID YOU GO FOR MEDICAL ATTENTION?

- GP..... ☐
 Clinic..... ☐
 Hospital..... ☐

Yes..... ☐
 No..... ☐ - Whose idea was it?

WHY DID YOU SEEK MEDICAL ATTENTION?

- Don't know..... ☐
 Physical injury..... ☐
 Concerns about pregnancy..... ☐
 Concerns about STD's..... ☐
 Other..... ☐ (Specify) _____

14. BECAUSE OF WHAT HAPPENED, HAVE YOU HAD ANY INTERACTION WITH THE PSYCHIATRIC PROFESSION?

Yes - by someone else..... ☐
 Yes - by you..... ☐
 No - by you..... ☐

ON THE WHOLE WHAT WAS THE ATTITUDE OF THE MEDICAL PROFESSIONALS YOU CAME INTO CONTACT WITH?

- Sympathetic..... ☐
 Reassuring..... ☐
 Unkind..... ☐
 Uncaring..... ☐
 Blaming you..... ☐
 Other..... ☐ (Specify) _____

ON THE WHOLE HOW DID YOUR CONTACT WITH THE MEDICAL PROFESSION MAKE YOU FEEL?

14. BECAUSE OF WHAT HAPPENED, HAVE YOU HAD ANY INTERACTION WITH THE PSYCHIATRIC PROFESSION?

YES..... ☐ NO..... ☐ NOW GO TO QUESTION 15

WHAT TYPE OF TREATMENT HAVE YOU HAD?

- Long term stay in psychiatric ward (more than 7 days)..... ☐
 Short term stay in psychiatric ward (less than 7 days)..... ☐
 More than one meeting with psychiatrist/psychologist..... ☐
 One-off meeting with psychiatrist/psychologist..... ☐

7

WHAT DO YOU FEEL ITS EFFECT ON YOU HAS BEEN ?

- ☐ Long term positive effect
☐ Short term positive effect
☐ Short term negative effect
☐ Long term negative effect

15. WAS THE INCIDENT REPORTED TO THE POLICE ?

NO ☐ YES ☐

NOW GO TO QUESTION 16

HOW DO YOU FEEL NOW ABOUT THE FACT THAT IT WAS NOT REPORTED TO THE POLICE

- ☐ Happy
☐ Relieved
☐ Angry
☐ Sad
☐ Neutral

NOW GO STRAIGHT TO SECTION B IF RELEVANT.
IF NOT GO TO SECTION C. p. 26

8

HOW DO YOU NOW FEEL ABOUT THE FACT THAT IT WAS REPORTED ?

- ☐ Happy
☐ Relieved
☐ Angry
☐ Sad
☐ Neutral
☐ Other (Specify)

IN WHAT MANNER DID THE OFFICERS PRESENT AT THE INTERVIEW ACT ?

- ☐ Sympathetically
☐ Reassuringly
☐ Unkindly
☐ Blaming you
☐ Other (Specify)

DO YOU FEEL THE POLICE BELIEVED YOU ?

- ☐ No, not at all
☐ To some extent
☐ Completely

DID ANY MEMBER OF THE POLICE EXPRESS A POINT OF VIEW AS TO WHY IT HAD HAPPENED ?

☐ No
☐ Yes ☐ (What was it)

ON THE WHOLE, HOW DO YOU THINK YOU WERE TREATED AS A CHILD BY THE POLICE ?

- ☐ Extremely well
☐ Quite well
☐ Quite badly
☐ Extremely badly

WAS THERE ANYTHING IN PARTICULAR ABOUT YOUR CONTACT WITH POLICE THAT YOU FOUND ESPECIALLY HELPFUL OR TRAUMATIC ?

16. WHO CONTACTED THE POLICE ?

- ☐ You
☐ A family member
☐ A family friend
☐ Another known adult
☐ Social services or other agency
☐ Other (Specify)

HOW DID YOU FEEL AT THE TIME ABOUT THE FACT THAT IT WAS BEING REPORTED ?

- ☐ Happy
☐ Angry
☐ Depressed
☐ Anxious
☐ Scared
☐ Other (Specify)

WAS PHYSICAL EVIDENCE COLLECTED FROM YOU?

YES ☐ NO ☐

WHAT TYPE OF EVIDENCE WAS COLLECTED?

Photographs ☐
 External samples from body (e.g. hair, under nails) ☐
 Internal samples from body (e.g. for semen) ☐
 Other ☐ (Specify) _____

NOW GO TO QUESTION 17

HOW DID HAVING THE SAMPLES TAKEN MAKE YOU FEEL?

Worse (in what way) _____
 Better (in what way) _____
 No Change ☐

17. DID THE INCIDENT GO TO COURT?

YES ☐

BEFORE THE TRIAL TOOK PLACE
 WHO WERE YOU INTERVIEWED BY
 IN RELATION TO THE TRIAL?

Prosecuting Advocate ☐
 Defence Advocate ☐
 Procurator Fiscal ☐
 No one ☐
 Other ☐ (Specify) _____

ON WHAT CHARGE DID THE
 OFFENDER GO TO COURT?

NO ☐

WHY DID THE INCIDENT NOT GO TO COURT?

Offender was not caught ☐
 Insufficient evidence ☐
 Don't know ☐
 Other ☐ (Specify) _____

HOW DID YOU FEEL AT THE TIME ABOUT
 THE FACT THAT IT DID NOT GO TO COURT?

Happy ☐
 Relieved ☐
 Disappointed ☐
 Angry ☐
 Other ☐ (Specify) _____

HOW DO YOU FEEL NOW ABOUT THE FACT THAT
 IT DID NOT GO TO COURT?

Happy ☐
 Relieved ☐
 Disappointed ☐
 Angry ☐
 Other ☐ (Specify) _____

NOW GO STRAIGHT TO SECTION B IF
 RELEVANT, IF NOT GO TO SECTION C.

p. 26

DID YOU APPEAR AS A WITNESS IN COURT?

YES ☐

WERE YOU SHOWN AROUND THE COURT
 BEFORE YOU GAVE EVIDENCE?

Yes ☐
 No ☐

WERE YOU TOLD THE OFFENDER WOULD
 BE IN COURT WHEN YOU GAVE EVIDENCE?

Yes ☐
 No ☐

HOW DID YOU FEEL ABOUT THE FACT
 THAT THE OFFENDER WAS THERE WHEN
 YOU GAVE EVIDENCE?

Glad ☐
 Frightened ☐
 Shocked ☐
 Sad ☐
 Uneasy ☐
 Other ☐ (Specify) _____

DO YOU FEEL YOU WERE GIVEN
 ENOUGH SUPPORT IN THE COURT FOR
 WHEN YOU GAVE EVIDENCE?

Yes ☐
 No ☐

HOW WOULD YOU RATE THE EXPERIENCE OF GIVING EVIDENCE?

Traumatic ☐
 Frustrating ☐
 Rewarding ☐
 Frightening ☐
 Other ☐ (Specify) _____

AFTER YOU GAVE YOUR EVIDENCE WERE YOU GIVEN ANY INFORMATION ABOUT
 WHAT WOULD HAPPEN THEN?

Yes ☐
 No ☐

NOW GO TO QUESTION 18

WAS IT EXPLAINED TO YOU WHY YOU
 WOULD NOT BE CALLED AS A WITNESS?

Yes ☐
 No ☐

HOW DID YOU FEEL AT THE TIME
 ABOUT THE FACT THAT YOU WERE
 NOT CALLED AS A WITNESS?

Relieved ☐
 Disappointed ☐
 Angry ☐
 Other ☐ (Specify) _____

HOW DID YOU FEEL NOW ABOUT THE
 FACT THAT YOU WERE NOT CALLED AS
 A WITNESS?

Relieved ☐
 Disappointed ☐
 Angry ☐
 Other ☐ (Specify) _____

11

18. DO YOU KNOW THE OUTCOME OF THE TRIAL ?

YES ☐ NO ☐

HOW DID YOU FIND OUT THE OUTCOME OF THE TRIAL ?

Remained in court for the rest of the trial ☐

Contact from the court ☐

Contact friend/family member ☐

From media ☐

HOW DO YOU FEEL ABOUT THE OUTCOME ?

Happy ☐

Disappointed ☐

Angry ☐

Other ☐ (Specify) _____

NOW GO TO QUESTION 19

12

20. WAS THERE ANY MEDIA COVERAGE OF THE TRIAL ?

YES ☐ NO ☐

WHERE WAS IT MENTIONED ?

Local Newspapers ☐

National Newspapers ☐

Local Radio ☐

National Radio ☐

TV ☐

Other ☐ (Specify) _____

HOW DID THAT MAKE YOU FEEL ?

Relieved ☐

Disappointed ☐

Angry ☐

Other ☐ (Specify) _____

NOW GO STRAIGHT TO SECTION B, p. 13 IF RELEVANT, IF NOT GO TO SECTION C, p. 26

WHAT DO YOU THINK OF THE MEDIA COVERAGE ?

Good description of what happened ☐

Sympathetic towards you ☐

Sympathetic towards offender ☐

Not a good description of what happened ☐

WHAT EFFECT DID THE MEDIA COVERAGE HAVE ON YOU ?

A positive effect ☐

A negative effect ☐

No effect ☐

WHAT EFFECT DO YOU THINK THE MEDIA COVERAGE HAD ON THE WAY OTHERS TREATED YOU ?

A positive effect ☐

A negative effect ☐

No effect ☐

NOW GO TO SECTION B, p. 13 (CONCERNING EXPERIENCES AS AN ADULT) IF IT RELEVANT TO YOU.

IF IT IS NOT, GO TO SECTION C, p.26.

19. WAS THERE ANYTHING IN PARTICULAR ABOUT YOUR CONTACT WITH THE CRIMINAL JUSTICE SYSTEM THAT YOU FOUND ESPECIALLY HELPFUL OR TRAUMATIC ?

WHAT WAS THE SENTENCE ?

Don't know ☐

Non-custodial sentence (offender not sent to prison) ☐

Custodial sentence (offender sent to prison) ☐ - (For how long? years _____ Months _____)

HOW DO YOU FEEL ABOUT THE SENTENCE ?

Happy ☐

Disappointed ☐

Angry ☐

Other ☐ (Specify) _____

SECTION B. - (ANSWER ONLY IF YOU HAD EXPERIENCES OF UNWANTED OR FORCED SEXUAL CONTACT SINCE AGE SIXTEEN. IF NOT GO TO SECTION C. p.20)

1. WHICH OF THE FOLLOWING MOST CLOSELY DESCRIBES YOUR EXPERIENCE(S) ?

(Tick more than one box if necessary, then fill in underneath the option, who the person(s) was in relation to you, e.g. husband, boyfriend, workmate, stranger; and when it happened(year) - or if it happened more than once with that person fill in roughly the when it first happened and for how long it continued)

Forced or coerced you into allowing them to touch of your body ☐

Who _____
When _____

Forced or coerced you into touching of their body ☐

Who _____
When _____

Forced or coerced you into engaging in specific sexual acts ☐

Who _____
When _____

Forced or coerced into full penetrative sexual intercourse ☐

Who _____
When _____

Other ☐ (please try and specify what happened) _____
Who _____
When _____

2. UNTIL NOW, HAD YOU TOLD OTHERS ABOUT WHAT HAPPENED ?

YES ☐

(OTHER THAN POLICE, MEDICAL PERSONNEL, SUPPORT AGENCY) WHO WAS THE FIRST PERSON YOU TOLD ?

Family Member ☐ (Specify) _____

Close friend ☐ _____

Acquaintance ☐ _____

Other ☐ (Specify) _____

WHY DID YOU CHOOSE TO TELL THIS PERSON ?

Felt you could trust them ☐

Felt they would be supportive ☐

Needed practical assistance ☐

Had no choice in the circumstances ☐

Other ☐ (Specify) _____

NO ☐

WHY DID YOU NOT TELL ANYONE ?

Couldn't bring yourself to talk about it ☐

There was no one you felt you could tell ☐

You felt they would not believe you ☐

Other ☐ (Specify) _____

ARE YOU GLAD YOU TOLD NO ONE ?

Yes ☐

No ☐

NOW GO TO QUESTION 3

WHAT WAS THAT PERSON'S REACTION ?

Very supportive ☐

Reasonably supportive ☐

No real reaction ☐

Over reacted ☐

Did not believe you ☐

Blamed you ☐

WAS THERE A REACTION FROM A PARTICULAR PERSON THAT YOU FEEL WAS ESPECIALLY HELPFUL/SUPPORTIVE. IF SO WHAT WAS IT ?

No ☐

Listened ☐

Did not blame ☐

Helped with practical issues ☐

Did not treat you differently ☐

Other ☐ (Specify) _____

WAS THERE A REACTION FROM A PARTICULAR PERSON THAT YOU FEEL WAS ESPECIALLY UNHELPFUL/UNSUPPORTIVE. IF SO WHAT WAS IT ?

No ☐

Did not listen ☐

Blamed you for what happened ☐

Did not appear to care ☐

Overreacted ☐

Refused help with practical issues ☐

Other ☐ (Specify) _____

3. SINCE IT HAPPENED EFFECTED YOUR BEHAVIOUR IN ANY OF THE FOLLOWING WAYS ?

(Tick more than one box if necessary)

Went out less ☐

Went out more ☐

Did not stay home alone ☐

Did not go out alone ☐

Slept less than before ☐

Slept more than before ☐

Had nightmares ☐

Eating more than before ☐

Eating less than before ☐

Had positive effect on relationships with family and friends ☐

Had negative effect on relationships with family and friends ☐

Had positive effect on relationship with partner/spouse ☐

Had negative effect on relationship with partner/spouse ☐

Made you much less able to trust people ☐

Made you much less able to trust yourself ☐

Made you feel like you had lost control over your life ☐

No ☐

16

9. WHAT IS YOUR STRONGEST EMOTIONAL REACTION TO WHAT HAPPENED AT THIS TIME ?

- Shock..... ☐
 Disbelief..... ☐
 Anger..... ☐
 Disgust..... ☐
 Fear..... ☐
 Denial..... ☐
 Shame..... ☐
 Guilt..... ☐
 Other..... ☐ (Specify) _____

10. WHAT DO YOU THINK WAS THE WORST PART OF WHAT HAPPENED AT THIS TIME?

11. TO WHAT EXTENT DID YOUR EXPERIENCE MAKE YOU THINK THAT THE WORLD IS NOT A JUST AND FAIR PLACE ?

Not at all 1 2 3 4 5 6
 A great deal

12. OTHER THAN EMOTIONALLY, WERE THERE ANY OTHER LASTING EFFECTS OF WHAT HAPPENED ?

- Breakdown of your marriage..... ☐
 Serious physical injury..... ☐
 Pregnancy..... ☐
 Sexually transmitted disease..... ☐
 Other..... ☐ (Specify) _____

13. DID YOU SEEK MEDICAL ATTENTION ?

YES..... ☐ NO..... ☐

WHERE DID YOU GO FOR MEDICAL ATTENTION ?

- GP..... ☐
 Clinic..... ☐
 Hospital..... ☐

NOW GO TO QUESTION 14

15

4. SINCE IT HAPPENED HAVE YOU DONE ANY OF THE FOLLOWING ?
 (Tick more than one box if necessary)

- Pretend that it hadn't happened..... ☐
 Pretend that it wasn't as bad as you thought..... ☐
 Think that it had not really been a crime..... ☐
 No..... ☐

5. IMMEDIATELY AFTER IT HAPPENED WHO DID YOU FEEL WAS TO BLAME ?

- The offender..... ☐
 You - because of something you did..... ☐
 You - because of the person you are..... ☐
 Someone else (Specify) _____

5. NOW WHO DO YOU FEEL WAS TO BLAME ?

- The offender..... ☐
 You - because of something you did..... ☐
 You - because of the person you are..... ☐
 Someone else (Specify) _____

7. WHEN IT HAPPENED WHAT WAS YOUR STRONGEST EMOTIONAL REACTION TO WHAT HAPPENED ?
 (Tick more than one box if necessary)

- Shock..... ☐
 Disbelief..... ☐
 Anger..... ☐
 Disgust..... ☐
 Fear..... ☐
 Denial..... ☐
 Shame..... ☐
 Guilt..... ☐
 Other..... ☐ (Specify) _____

8. IMMEDIATELY AFTER IT HAPPENED WHAT DID YOU THINK WAS THE WORST PART OF WHAT HAPPENED ?

17

WHY DID YOU SEEK MEDICAL ATTENTION ?

- Physical injury..... ☐
- Concerns about pregnancy..... ☐
- Concerns about STD's..... ☐
- Other..... ☐ (Specify) _____

WAS WHAT HAD HAPPENED EXPLAINED TO THE MEDICAL PROFESSIONALS YOU CAME INTO CONTACT WITH ?

- Yes - by someone else..... ☐
- Yes - by you..... ☐
- No..... ☐

ON THE WHOLE WHAT WAS THE ATTITUDE OF THE MEDICAL PROFESSIONALS YOU CAME INTO CONTACT WITH ?

- Sympathetic..... ☐
- Reassuring..... ☐
- Unkind..... ☐
- Uncaring..... ☐
- Blaming you..... ☐
- Other..... ☐ (Specify) _____

ON THE WHOLE HOW DID YOUR CONTACT WITH THE MEDICAL PROFESSION MAKE YOU FEEL ?

14. SINCE THE INCIDENT HAVE YOU HAD ANY INTERACTION WITH THE PSYCHIATRIC PROFESSION ?

- YES..... ☐
- NO..... ☐

WHAT TYPE OF TREATMENT HAVE YOU HAD ?

- Long term stay in psychiatric ward (more than 7 days)..... ☐
- Short term stay in psychiatric ward (less than 7 days)..... ☐
- More than one meeting with psychiatrist/psychologist..... ☐
- One-off meeting with psychiatrist/psychologist..... ☐

WHAT DO YOU FEEL ITS EFFECT ON YOU HAS BEEN ?

- Long term positive effect..... ☐
- Short term positive effect..... ☐
- Short term negative effect..... ☐
- Long term negative effect..... ☐

18

15. WAS THE INCIDENT REPORTED TO THE POLICE ?

- NO..... ☐
- YES..... ☐

HOW DO YOU FEEL NOW ABOUT THE FACT THAT YOU DID NOT REPORT TO THE POLICE ?

- Happy..... ☐
- Relieved..... ☐
- Angry..... ☐
- Sad..... ☐
- Neutral..... ☐

IF THE SAME TYPE OF INCIDENT OCCURRED AGAIN WOULD YOU FOLLOW THE SAME COURSE OF ACTION ?

- Yes..... ☐
- No..... ☐
- Don't Know..... ☐

WAS IT YOUR OWN DECISION NOT TO CONTACT THE POLICE ?

- YES..... ☐

WHOSE DECISION WAS IT THAT YOU NOT CONTACT THE POLICE ?

- Spouse..... ☐
- Partner..... ☐
- Family member..... ☐ (Specify) _____
- Close friend..... ☐
- Acquaintance..... ☐
- Stranger..... ☐
- Other..... ☐ (Specify) _____

WHY DID YOU THINK IT WAS BEST THAT YOU DID NOT CONTACT THE POLICE ?

- The offender would probably not be caught..... ☐
- Thought it would be an especially bad experience for you..... ☐
- Had generally little faith in police..... ☐
- Know offender and did not want you to cause trouble..... ☐
- Scared of offender..... ☐
- Don't know..... ☐

NOW GO TO SECTION C, p.26

WHY DO YOU THINK THEY FELT IT WAS BEST YOU DID NOT CONTACT THE POLICE ?

- The offender would probably not be caught..... ☐
- Thought it would be an especially bad experience for you..... ☐
- Has generally little faith in police..... ☐
- They knew offender and did not want you to cause trouble..... ☐
- Scared of offender hurting you again if you did..... ☐
- They did not believe you..... ☐
- Other..... ☐ (Specify) _____

NOW GO TO SECTION C, p. 26

16. DID YOU CONTACT THE POLICE YOURSELF ?

NO ☐
 WHO DID REPORT ?

Spouse ☐
 Partner ☐
 Family member ☐ (Specify) _____
 Close friend ☐
 Acquaintance ☐
 Stranger ☐
 Other ☐ (Specify) _____

DID YOU GIVE THAT PERSON PERMISSION TO CONTACT THE POLICE ?

Yes ☐
 No ☐

HOW DO YOU FEEL ABOUT THE FACT IT WAS REPORTED ?

Happy ☐
 Relieved ☐
 Angry ☐
 Sad ☐
 Neutral ☐
 Other ☐ (Specify) _____

YES ☐
 WHAT MADE YOU DECIDE TO REPORT ?

Anger at what happened ☐
 Desire to see offender punished ☐
 Worry they would hurt others ☐
 Seemed to be the obvious course of action ☐
 Other ☐ (Specify) _____

HOW DO YOU FEEL NOW ABOUT THE FACT THAT YOU REPORTED ?

Happy ☐
 Relieved ☐
 Angry ☐
 Sad ☐
 Neutral ☐
 Other ☐ (Specify) _____

IF THE SAME TYPE OF INCIDENT OCCURRED AGAIN WOULD YOU FOLLOW THE SAME COURSE OF ACTION ?

YES ☐
 NO ☐

WHY WOULD YOU FOLLOW THE SAME COURSE OF ACTIONS ?

Same reasons as for this incident ☐
 Because of a satisfactory result this time ☐
 Encouraged by positive reactions of family/friends this time ☐
 Encouraged by positive reactions of police/courts this time ☐
 Other ☐ (Specify) _____

WHY WOULD YOU DO THINGS DIFFERENTLY ?

In the hope of getting a more satisfactory result ☐
 In order to prevent contact with police because of negative reactions this time ☐
 In order to prevent contact with court because of negative reactions this time ☐
 Other ☐ (Specify) _____

IN WHAT MANNER DID THE OFFICERS PRESENT AT THE INTERVIEW ACT ?

Sympathetically ☐
 Reassuringly ☐
 Uncaringly ☐
 Unkindly ☐
 Blaming you ☐
 Other ☐ (Specify) _____

HOW DID GIVING THE INTERVIEW MAKE YOU FEEL ?

Worse (in what way) _____
 Better (in what way) _____
 No change ☐

HOW SATISFIED WERE YOU WITH THEIR INITIAL REACTION ?

Extremely satisfied ☐
 Quite satisfied ☐
 Quite unsatisfied ☐
 Extremely unsatisfied ☐

DO YOU FEEL THE POLICE BELIEVED YOU ?

No, not at all ☐
 To some extent ☐
 Completely ☐

DID ANY MEMBER OF THE POLICE EXPRESS A POINT OF VIEW AS TO WHY IT HAD HAPPENED ?

No ☐
 Yes (What was it) _____

HOW DID YOU FEEL AFTER YOU SPOKE TO THE POLICE ?

Happy ☐
 Relieved ☐
 Disappointed ☐
 Angry ☐
 Depressed ☐
 Other ☐ (Specify) _____

DID THE POLICE AT ANY STAGE EXPLAIN THAT IF THE CASE WENT TO COURT YOU WOULD NOT BE PRESSING THE CHARGES, AND WOULD ONLY BE A WITNESS ?

Yes ☐
 No ☐

22

WHAT EFFECT DO YOU THINK THE MEDIA COVERAGE HAD ON THE WAY OTHERS TREATED YOU ?

- A positive effect..... ☐
A negative effect..... ☐
No effect..... ☐

20. DID THE INCIDENT GO TO COURT ?

YES..... ☐ NO..... ☐
WHY DID THE INCIDENT NOT GO TO COURT ?
Offender was not caught..... ☐
Insufficient evidence..... ☐
Don't know..... ☐
Other..... ☐ (Specify).....

WERE YOU INTERVIEWED BY THE PROCURATOR FISCAL ?
Yes..... ☐ No..... ☐

WERE YOU PERSONALLY INFORMED THAT THE CASE WOULD NOT BE GOING TO COURT ?

- Yes..... ☐ No..... ☐

HOW DO YOU FEEL ABOUT THE FACT THAT IT DID NOT GO TO COURT ?

- Happ..... ☐
Relieved..... ☐
Disappointed..... ☐
Angry..... ☐
Other..... ☐ (Specify).....

NOW GO STRAIGHT TO SECTION C, p. 26

21

17. WAS PHYSICAL EVIDENCE COLLECTED FROM YOU ?

- YES..... ☐ NO..... ☐
NOW GO TO QUESTION 18

WHAT TYPE OF EVIDENCE WAS COLLECTED ?

- Photographs..... ☐
External samples from body (e.g. hair, under nails)..... ☐
Internal samples from body (e.g. for semen)..... ☐

HOW DID HAVING THE SAMPLES TAKEN MAKE YOU FEEL ?

- Worse (in what way).....
Better (in what way).....
No change..... ☐

18. WAS THERE ANYTHING IN PARTICULAR ABOUT YOUR CONTACT WITH POLICE THAT YOU FOUND ESPECIALLY HELPFUL OR TRAUMATIC ?

19. WAS THERE ANY MENTION IN THE MEDIA OF WHAT HAPPENED ?

- YES..... ☐ NO..... ☐
NOW GO TO QUESTION 20

WHERE WAS IT MENTIONED ?

- Local Newspapers..... ☐
National Newspapers..... ☐
Local Radio..... ☐
National Radio..... ☐
TV..... ☐

WHAT DO YOU THINK OF THE MEDIA COVERAGE ?

- Good description of what happened..... ☐
Sympathetic towards you..... ☐
Sympathetic towards offender..... ☐
Not a good description of what happened..... ☐

WHAT EFFECT DID THE MEDIA COVERAGE HAVE ON YOU ?

- A positive effect..... ☐
A negative effect..... ☐
No effect..... ☐

24

AFTER YOU GAVE YOUR EVIDENCE WERE YOU GIVEN ANY INFORMATION ABOUT WHAT WOULD HAPPEN THEN ?

Yes ☐ No ☐

22. DO YOU KNOW THE OUTCOME OF THE CASE ?

Yes ☐ No ☐

HOW DID YOU FIND OUT THE OUTCOME OF THE TRIAL ?

Remained in court for the rest of the trial ☐
Contact from the court ☐
Contact friend/family member ☐
From media ☐

HOW DO YOU FEEL ABOUT THE FACT THAT YOU DO NOT KNOW THE OUTCOME OF THE TRIAL ?

Relieved ☐
Angry ☐
Disappointed ☐
Other ☐ (Specify) _____

NOW GO TO QUESTION 23

HOW DO YOU FEEL ABOUT THE OUTCOME ?

Happy ☐
Disappointed ☐
Angry ☐
Other ☐ (Specify) _____

WHAT WAS THE OUTCOME OF THE TRIAL ?

Guilty ☐

WAS THE OFFENDER FOUND GUILTY OF SOMETHING DIFFERENT FROM WHAT THEY WERE INITIALLY CHARGED WITH ?

Not Proven ☐
Not Guilty ☐

NOW GO TO QUESTION 23

NO ☐

YES ☐

WHAT WERE THEY FOUND GUILTY OF ?

WAS IT EXPLAINED TO YOU WHY THIS WAS DIFFERENT FROM INITIAL CHARGE ?

Yes ☐ No ☐

WHAT WAS THE SENTENCE ?

Don't know ☐
Non-custodial sentence (offender not sent to prison) ☐
Custodial sentence (offender sent to prison) ☐ - (For how long) Years _____ Months _____

23

21. DID YOU APPEAR AS A WITNESS IN COURT ?

YES ☐ NO ☐

WERE YOU SHOWN AROUND THE COURT BEFORE YOU GAVE EVIDENCE ?

Yes ☐ No ☐

WERE YOU TOLD THE OFFENDER WOULD BE IN COURT WHEN YOU GAVE EVIDENCE ?

Yes ☐ No ☐

HOW DID YOU FEEL ABOUT THE FACT THAT THE OFFENDER WAS THERE WHEN YOU GAVE EVIDENCE ?

Glad ☐
Frightened ☐
Shocked ☐
Sad ☐
Uneasy ☐
Other ☐ (Specify) _____

WAS YOUR PAST SEXUAL HISTORY MENTIONED IN THE COURSE OF YOUR GIVING EVIDENCE ?

Yes ☐ No ☐

DO YOU FEEL YOU WERE GIVEN ENOUGH SUPPORT IN THE COURT FOR WHEN YOU GAVE EVIDENCE ?

Yes ☐ No ☐

HOW WOULD YOU RATE THE EXPERIENCE OF GIVING EVIDENCE ?

Traumatic ☐
Frustrating ☐
Rewarding ☐
Frightening ☐
Other ☐ (Specify) _____

HOW DO YOU FEEL ABOUT THE SENTENCE ?

Happy ☐
 Disappointed ☐
 Angry ☐
 Other ☐ (Specify)

23. WAS THERE ANYTHING IN PARTICULAR ABOUT YOUR CONTACT WITH THE CRIMINAL JUSTICE SYSTEM THAT YOU FOUND ESPECIALLY HELPFUL OR TRAUMATIC ?

.....

.....

.....

24. WAS THERE ANY MEDIA COVERAGE WAS THERE OF THE TRIAL ?

YES ☐
 NO ☐
 HOW DID THAT MAKE YOU FEEL ?

Local Newspapers ☐
 National Newspapers ☐
 Local Radio ☐
 National Radio ☐
 TV ☐
 Other ☐ (Specify)

NOW GO TO SECTION C, p. 26

WHAT DO YOU THINK OF THE MEDIA COVERAGE ?

Good description of what happened ☐
 Sympathetic towards you ☐
 Sympathetic towards offender ☐
 Not a good description of what happened ☐

WHAT EFFECT DID THE MEDIA COVERAGE HAVE ON YOU ?

A positive effect ☐
 A negative effect ☐
 No effect ☐

WHAT EFFECT DO YOU THINK THE MEDIA COVERAGE HAD ON THE WAY OTHERS TREATED YOU ?

A positive effect ☐
 A negative effect ☐
 No effect ☐

NOW MOVE ON TO SECTION C, p. 26

SECTION C.

1. HAVE YOU CONTACTED A RAPE CRISIS CENTRE OR OTHER SIMILAR SUPPORT AGENCY ?

YES ☐
 NO ☐
 HOW DID YOU BECOME AWARE OF THEIR EXISTENCE ?

Given information by police ☐
 Given information by court personnel ☐
 Given information by medical personnel ☐
 Referral from other support agency ☐
 Advertisements ☐
 Word of mouth ☐
 Other ☐ (Specify)

NO ☐
 WHY NOT ?

.....

Unaware of how to contact them ☐
 Feel unable to speak to them ☐
 Unaware of their existence ☐
 Do not feel they would be of help ☐
 Advised against it ☐
 Other ☐ (Specify)

GO TO QUESTION 4

WHAT AGENCY HAVE YOU CONTACTED, OR IF YOU HAVE CONTACTED MORE THAN ONE WHICH AGENCY HAS BEEN THE MOST HELPFUL TO YOU ?

.....

WHAT, IF ANY, PRACTICAL HELP DID YOU RECEIVE FROM THIS AGENCY ?

No ☐
 Help in contacting police ☐
 Information about court procedure ☐
 Support through court process ☐
 Information about medical issues ☐
 Support through any medical treatment ☐
 Help in seeking compensation ☐
 Information about other services available ☐
 Other ☐ (Specify)

AFTER YOUR INITIAL CONTACT WITH THE AGENCY DID YOU SEEK ONGOING SUPPORT OR COUNSELLING ?

YES ☐
 NO ☐
 WHAT MADE YOU DECIDE ON THIS COURSE OF ACTION ?

.....

Their reaction encouraged you ☐
 You felt you could talk to them ☐
 You felt they believed you ☐
 Others suggested you did ☐
 Other ☐ (Specify)

NO ☐
 WHY NOT ?

.....

Did not feel it was necessary ☐
 Their initial reaction put you off ☐
 Felt you couldn't talk to them ☐
 You felt they didn't believe you ☐
 Other suggested you didn't ☐
 Other ☐ (Specify)

Please answer all the following questions by putting a tick in the box under one of the four headings indicating how frequently the comment was true for you OVER THE LAST TWO MONTHS. E.g. if you experienced them a great deal place a tick under 'very often'.

Have you experienced the following over the last 2 months	Not at all	Rarely experienced	Sometimes experienced	Often experienced
1. Insomnia (trouble getting to sleep)				
2. Restless sleep				
3. Nightmares				
4. Waking up early in the morning and can't get back to sleep				
5. Not feeling satisfied with your sex life				
6. Not feeling rested in the morning				
7. Weight loss (without dieting)				
8. Feelings isolated from others				
9. Low sex drive				
10. Sadness				
11. Having sex you didn't enjoy				
12. Waking up in the middle of the night				
13. "Flashbacks" (sudden vivid distracting memories)				
14. Headaches				
15. Stomach problems				
16. Uncontrollable crying				
17. Bad thoughts or feelings during sex				
18. Anxiety attacks				
19. Trouble controlling temper				
20. Trouble getting along with others				
21. Dizziness				
22. Passing out				

ARE YOU STILL BEING SUPPORTED OR COUNSELLED BY THIS AGENCY?

YES ☐ NO ☐

FOR HOW LONG HAVE YOU BEEN RECEIVING SUPPORT FROM THAT AGENCY?

Years _____ Months _____ Days _____

FOR HOW LONG DID YOU RECEIVE SUPPORT FROM THAT AGENCY?

Years _____ Months _____ Days _____

WHY DID YOU STOP RECEIVING SUPPORT?

- ☐ Felt it was no longer needed.
☐ Felt it was not helping.
☐ Others suggested you stop.
☐ Moved away from area.
☐ Other: ☐ (Specify) _____

2. WHAT DO YOU THINK WAS THE MOST IMPORTANT/HELPFUL THING THAT ANY AGENCY YOU CONTACTED DID FOR YOU?

- ☐ Provided information.
☐ Supported through police/court/medical procedure.
☐ Listened to you.
☐ Believed you.
☐ Suggested ways of dealing with feelings.
☐ Other: ☐ (Specify) _____

3. WHICH AGENCY DID THIS?

4. IS THERE ANY THING YOU WOULD LIKE TO SAY ABOUT YOUR EXPERIENCES THAT I HAVE NOT ASKED YOU?

5. WHY DID YOU AGREE TO COMPLETE THIS SURVEY?

Have you experienced the following over the last 2 months	Not at all	Rarely experienced	Sometimes experienced	Often experienced
23. Being confused about your sexual feelings				
24. Desire to physically hurt yourself				
25. Feeling that you are worthless				
26. Sexual problems				
27. Sexual overactivity				
28. Fear of men				
29. Sexual feelings when you shouldn't have them				
30. Fear of women				
31. Unnecessary or over-frequent washing				
32. Feelings of inferiority				
33. Feeling that life is hopeless				
34. Feelings that things are 'unreal'				
35. Memory problems				
36. Feelings that you are not always in your body				
37. Feeling tense all the time				
38. Having trouble breathing				
39. Loneliness				
40. Feeling you might take your own life				
41. Desire to physically hurt others				
42. Feelings of guilt				
43. "Spacing out" (going away in your mind)				

—Please ensure you have answered all questions—

Please tick the box under one of the four headings for each item indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS regarding the incident(s) you have just described. E.g. if you experienced them a great deal in the last week tick under 'often experienced', if they did not occur during that time, please tick under the 'not at all' column.

	Not at all	Rarely experienced	Sometimes experienced	Often experienced
1. I thought about it when I didn't mean to				
2. I avoided letting myself get upset when I thought about it or was reminded of it				
3. I tried to remove it from my memory				
4. I had trouble falling asleep or staying awake				
5. I had waves of strong feelings about it				
6. I had dreams about it				
7. I stayed away from reminders of it				
8. I felt as if it hadn't happened or it wasn't real				
9. I tried not to talk about it				
10. Pictures about it popped into my head				
11. Other things kept making me think about it				
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them				
13. I tried not to think about it				
14. Any reminder brought back feelings about it				
15. My feelings about it were kind of numb				

—Please ensure you have answered every question—

This is the end of the questionnaire. Please could you return all parts to me as soon as possible in the stamped addressed envelope provided.

I would like to **THANK YOU VERY MUCH** for completing this questionnaire and sharing your experiences, and reassure you again that all that you have said will be kept **STRICTLY CONFIDENTIAL.**

In order to gain a greater understanding of women's experiences of forced or unwanted sexual contact I am hoping to carry out interviews to discuss these experiences in greater detail.

If you have had other experiences you have not had an opportunity to discuss in this questionnaire, you would like to discuss your experiences in greater detail, or you feel there are issues concerning your treatment by others which have not been addressed, and you would be willing to take part in an interview please fill in an address at which I can contact you by writing to arrange a convenient time and place. The contents of the interview would also be kept **COMPLETELY CONFIDENTIAL.**

Address _____

THANK YOU VERY MUCH AGAIN FOR YOUR TIME AND TROUBLE.

CONFIDENTIAL

Woman's No: _____

INTERVIEW SCHEDULE

Before the interview commences the following points are made clear to the woman

- i) Anything they say will be kept confidential
- ii) It is their choice whether the interview is taped or the interviewer takes notes
- iii) If they agree to the interview being taped, the woman is offered a copy of the tape
- iv) When the study is written up, no fact that could enable anyone to identify them will be included unless they wish
- v) The interview schedule is designed to cover as much as is little as the woman wishes
- vi) Therefore, the woman can say at any time if she does not wish to answer any specific questions or wishes the interview terminated

Before the interview commences, respondents are also asked whether they have experienced sexual violence or abuse at more than one time in their life. If so the first five sections of the interview should be completed for each incident starting with the one that occurred first

Part 1

1. WHAT IS YOUR DATE OF BIRTH ?

____/____/____

2. WERE YOU BORN IN THE UK ?

YES.....☐

NO.....☐

HOW LONG HAVE YOU LIVED IN THE UK ?

Years _____ Months _____

WHERE DID YOU ORIGINALLY LIVE ?

3. WHAT IS YOUR MARITAL STATUS ?

- Married.....☐
- Living with partner.....☐
- In a relationship.....☐
- Separated.....☐
- Divorced.....☐
- Single.....☐
- Widow.....☐

4. ARE YOU IN PAID EMPLOYMENT ?

YES.....☐

NO.....☐

What is your occupation?

If you have a partner/spouse, what is their occupation?

5. DO YOU HAVE ANY EDUCATIONAL QUALIFICATIONS, IF SO WHAT IS HIGHEST LEVEL ?

6. DO YOU HAVE ANY CHILDREN ?

NO.....☐ YES.....☐

PLEASE SPECIFY THE AGES OF
MALES AND/OR FEMALES

Males
Females

7. HOW LONG HAVE YOU LIVED IN THE
AREA IN WHICH YOU NOW LIVE ?

Years .. Months

8. WHAT IS YOUR POST CODE:

9. TO WHAT EXTENT DO YOU FEAR THAT YOU
WILL BECOME THE VICTIM OF CRIME ?

(Please rank the following using the numbers 1 - 7; 1 = the crime you
fear the most, 7 = the crime you fear the least. Use each number only once)

Not at all 1 2 3 4 5 6 A great deal

10. WHAT TYPE OF CRIME DO YOU FEAR MOST ?

(Please rank the following using the numbers 1 - 7; 1 = the crime you
fear the most, 7 = the crime you fear the least. Use each number only once)

Burglary.....
Car Theft.....
Mugging.....
Physical assault by someone you know.....
Physical assault by someone you don't know.....
Sexual assault by someone you know.....
Sexual assault by someone you don't know.....

11. WHAT PRECAUTIONS DO YOU TAKE TO AVOID CRIME?
(Tick more than one box if necessary)

None.....☐
Extra security on house.....☐
Extra security on car.....☐
Only go out alone in areas you regard safe.....☐
Don't go out alone at night.....☐
Always get taxis home at night.....☐
Carry personal alarm.....☐
Try not to be alone with people you do not know very well.....☐
Other.....☐

12. IN GENERAL HOW MUCH CONTROL DO YOU FEEL
YOU HAVE OVER WHAT HAPPENS TO YOU ?

(Please the number you feel is most appropriate on the scale of 1 - 6)

Not at all 1 2 3 4 5 6 A great deal

13. HAVE ANY OF THE FOLLOWING HAPPENED TO YOU
IN THE LAST YEAR ?

(Tick more than one box if necessary)

Divorced/separated.....☐
Moving house.....☐
Loss of job.....☐
Death of someone close to you.....☐
Serious illness of self or someone close to you.....☐
Involvement in serious accident or natural disaster.....☐
None.....☐
How long ago did it happen ? _____

14. HOW SEVERELY DO YOU THINK THIS EVENT
AFFECTED YOU EMOTIONALLY ?

(Please the number you feel is most appropriate on the scale of 1 - 6)

Not at all 1 2 3 4 5 6 A great deal

15. HAVE YOU EXPERIENCED ANY OF
THE FOLLOWING ?

Burglary.....☐
Car Theft.....☐
Mugging.....☐
Physical assault.....☐
No.....☐
How long ago ? _____

PART 2. Section A

It is explained to respondents that in this first part of the interview, I am hoping to gain an understanding of the violence or abuse they experienced. It is hoped that they can give me an account in their own words, however if they find this difficult there is a check list of questions I can run through which might be easier for them. If they decide to provide me with their own account but at any stage (of this section or any other) find it hard to continue they should feel free to say and the interview can be stopped until they feel able to go on, we can revert to the questions in the interview can be terminated altogether.

1. IN YOUR OWN WORDS COULD YOU DESCRIBE THE INCIDENT THAT TOOK PLACE, INCLUDING FACTORS SUCH AS: Who the offender(s) was, Where the incident took place, When the incident took place, Whether the abuse was ongoing (if so when it started/ended), Whether the offender(s) used any type of threat or weapon, What caused the abuse or assault to end

Aii - QUESTION CHECKLIST IF PREFERRED, OR TO FILL IN ANY POINTS NOT COVERED.

1. INTO WHAT CATEGORY DOES THE INCIDENT FALL? 2

- Childhood sexual abuse
- (any incident of sexual abuse as a child that occurred more than once with that offender)
- Ongoing sexual abuse as an adult
- (any incident of sexual abuse as an adult that occurred more than once with that offender)
- Rape
- (an incident of forced sexual intercourse that occurred only once with that offender)
- Attempted rape
- (an incident of attempted forced sexual intercourse that occurred only once with that offender)
- Sexual assault
- (any other incident of sexual abuse that occurred only once with that offender)

2. WHO WAS THE OFFENDER? 2

(Specify relationship)

- Relative
- Spouse
- Partner
- Boy friend
- Casual Acquaintance
- Co-worker
- Stranger
- Other (Specify)

3. WHERE DID THE INCIDENT TAKE PLACE? 2

- At their home
- At offenders home
- In others home
- In public place - park/street/car park/other
- Other (Specify)

4. DID THE INCIDENT OCCUR MORE THAN ONCE WITH THAT PERSON? 2

Yes/No

(If Yes go to 5, if No go to 8)

5. HOW LONG AGO DID THE INCIDENT OCCUR? 7

Years Months

6. DID THEY USE ANY TYPE OF VERBAL OR PHYSICAL THREAT? 2

- Physical threat with weapon
- Physical threat without weapon
- Physical threat with verbal threat
- Verbal threat

7. WHY DID ASSAULT END? 2

- They stopped
- You fought them off
- Others came and helped
- Other

NOW GO TO B

B

ii. 8. FOR HOW LONG DID THE ABUSE CARRY ON?

Years Months

9. AT WHAT AGE WERE YOU WHEN THE ABUSE STARTED? _____

(If childhood) ENDED

10. AS FAR AS YOU KNOW WAS THE SAME HAPPENING TO OTHER FAMILY MEMBERS?

No/Yes Specify Relationship

11. DID THEY USE THREATS OR COERCION TO PREVENT YOU FROM TELLING OTHERS?

Physical threat with weapon...
Physical threat without weapon...
Physical threat with verbal threat
Verbal threat --to self / others / possessions
Verbal coercion

12. WHY DID IT END?

Woman left situation
Abuser left situation
Others found out
No obvious reason
Other _____

1 IMMEDIATELY AFTER IT HAPPENED DID YOU TELL ANY OF YOUR FRIENDS OR FAMILY?

YES / NO (GO TO 6)

2 WHAT IS THIS PERSON'S RELATIONSHIP TO YOU, AND WHY DID YOU CHOOSE TO TELL THEM?

3 WHAT WAS THEIR IMMEDIATE REACTION AND HOW DID IT MAKE YOU FEEL?

4 DID YOU DECIDE TO TELL OTHERS AFTER THAT, AND WHAT MADE YOU DECIDE TO DO THAT?

5 WHAT WERE THE MOST AND LEAST SUPPORTIVE REACTIONS YOU GOT FROM OTHERS ABOUT WHAT HAPPENED?

6 WHY DID YOU CHOOSE NOT TO TELL ANYONE, AND ARE YOU GLAD YOU MADE THAT DECISION?

- 7 WAS IT NECESSARY FOR YOU TO SEEK IMMEDIATE MEDICAL ATTENTION ?
YES / NO (GO TO 12)
IF SO, FOR WHAT REASON ? e.g. serious injury, concern about STD's, HIV/AIDS
concern about pregnancy.
- 8 WAS IT YOUR DECISION TO DO SO ?
YES / NO
IF IT WASN'T, WHOSE DECISION WAS IT AND WHY DID YOU FORGOW THEIR
ADVICE ?
- 9 WAS THERE ANYTHING PARTICULAR THAT WAS SAID OR DONE BY ANY
MEMBER OF THE MEDICAL PROFESSION THAT MADE YOU FEEL ANY BETTER
OR WORSE ?
- 10 SINCE THE INCIDENT, HAVE YOU HAD ANY INTERACTION WITH THE
PSYCHIATRIC PROFESSION ?
YES / NO (GO TO 12)
- 11 WHAT TYPE OF TREATMENT HAVE YOU HAD AND WHAT DO YOU THINK ITS
EFFECT ON YOU HAS BEEN ?
- 12 WAS THE INCIDENT REPORTED BY THE MEDIA ?
YES / NO (GO TO 13)
- 13 DO YOU FEEL THE MEDIA PROVIDED A REALISTIC DESCRIPTION OF WHAT
HAPPENED, HOW DID IT MAKE YOU FEEL, AND DO YOU THINK IT EFFECTED
THE WAY OTHERS TREATED YOU ?

C

- 1 WAS THE INCIDENT REPORTED TO THE POLICE?
NO / YES (GO TO 6)
 - 2 WAS IT YOUR DECISION NOT TO REPORT IT TO THE POLICE?
YES/NO (GO TO 4)
 - 3 WHY DID YOU MAKE THAT DECISION?
- GO TO 5
- 4 WHOSE DECISION WAS IT THAT YOU NOT CONTACT THE POLICE AND WHAT MADE YOU GO ALONG WITH IT?
 - 5 HOW DID YOU FEEL THEN AND HOW DO YOU FEEL NOW, ABOUT THE FACT THAT YOU DID NOT REPORT IT TO THE POLICE?
- GO TO 6
- 6 WAS IT YOUR OWN DECISION TO REPORT THE INCIDENT?
YES/NO (GO TO 8)
 - 7 WHY DID YOU CHOOSE TO DO SO?
- GO TO 10
- 8 WHOSE DECISION WAS IT THAT YOU CONTACT THE POLICE AND WHY DID YOU FOLLOW THEIR ADVICE? If they didn't know the police had been contacted (GO 9)
 - 9 IF SOMEONE ELSE REPORTED TO THE POLICE WITHOUT YOUR KNOWLEDGE, HOW DO YOU NOW FEEL ABOUT THAT?
GO TO 10
 - 10 HOW QUICKLY AFTER THE INCIDENT WAS IT REPORTED?
YEARS MONTHS DAYS
 - 11 HOW WAS YOUR INITIAL CONTACT WITH POLICE MADE? e.g. at your home, at police station, at hospital
 - 12 WHAT GENDER WAS THE FIRST POLICE OFFICER YOU CAME INTO CONTACT WITH?
MALE/FEMALE
 - 13 WHO WAS PRESENT WHEN YOU WERE INTERVIEWED?
MALE OFFICERS-NO
FEMALE OFFICERS-NO
 - 14 HOW LONG DID THE INITIAL INTERVIEW LAST?
HOURS MINUTES
 - 15 HOW DID YOU FEEL DURING AND AFTER BEING INTERVIEWED?

16	IN TOTAL HOW MANY TIMES DID YOU HAVE TO GIVE THE POLICE A DESCRIPTION OF WHAT HAPPENED?	
17	DID THE POLICE AT ANY STAGE EXPLAIN WHAT COURSE OF ACTION THEY WOULD TAKE, IF SO WHAT WAS IT?	
18	HOW DO YOU FEEL THE POLICE REACTED TOWARDS YOU? (mention any remarks they made about the incident, practical advice or referrals given or overall treatment)	
19	HOW DID YOU FEEL AT THE TIME AND HOW DO YOU FEEL NOW ABOUT THE FACT THAT YOU REPORTED TO THE POLICE?	
20	WAS THERE ANYTHING YOU FELT THE POLICE SHOULD HAVE DONE THAT THEY DID NOT DO?	
21	DID THE POLICE PROVIDE YOU WITH ANY INFORMATION ABOUT WHAT WOULD HAPPEN IF THE INCIDENT WENT TO COURT?	
22	WAS IT EXPLAINED TO YOU THAT IF THE CASE WENT TO COURT YOU WOULD NOT BE THE ONE PRESSING THE CHARGES, AND WOULD BE ONLY A WITNESS?	
	YES/NO	
23	WAS PHYSICAL EVIDENCE COLLECTED FROM YOU, IF SO HOW DO YOU FEEL ABOUT THE WAY YOU WERE TREATED WHILST THIS EVIDENCE WAS BEING COLLECTED?	
24	ON THE WHOLE HOW WOULD YOU RATE YOUR TREATMENT BY THE COURT AND HOW DID IT MAKE YOU FEEL?	
	Very Good	Very Bad
	1 2 3 4 5 6	
	COMMENTS	

D

1 DID THE INCIDENT GO TO COURT "

NO / YES (GO TO 6)

2 WERE YOU INTERVIEWED BY ANYONE OTHER THAN THE POLICE "
 procurator fiscal

3 WERE YOU PERSONALLY INFORMED THAT THE CASE WOULD NOT BE GOING TO COURT, IF NOT HOW DID YOU FIND OUT "

4 WERE YOU GIVEN ANY EXPLANATION OF WHY IT DID NOT GO TO COURT, IF SO WHAT WAS IT "

5 HOW DID YOU FEEL AT THE TIME AND HOW DO YOU FEEL NOW ABOUT THE FACT THAT IT DID NOT GO TO COURT "

(GO TO 6)

6 DID YOU APPEAR AS A WITNESS IN THE COURT "

NO / YES (GO TO 10)

7 OTHER THAN THE POLICE, WHO ELSE WERE YOU INTERVIEWED BY BEFORE THE CASE WENT TO COURT AND HOW DO YOU FEEL THEY TREATED YOU "

8 WERE YOU GIVEN AN EXPLANATION AS TO WHY YOU WOULD NOT BE CALLED AS A WITNESS, IF SO WHAT WAS IT "

9 HOW DID YOU FEEL AT THE TIME AND HOW DO YOU FEEL NOW ABOUT THE FACT THAT YOU WERE NOT CALLED AS A WITNESS "

(GO TO 10)

10 OTHER THAN THE POLICE, WHO WERE YOU INTERVIEWED BY BEFORE THE CASE WENT TO COURT, AND HOW DO YOU FEEL THEY TREATED YOU "

11 WERE YOU SHOWN AROUND THE COURT BEFORE YOU GAVE EVIDENCE "

YES / NO

12 DO YOU FEEL YOU WERE GIVEN ENOUGH INFORMATION ABOUT COURT PROCEDURE BEFORE YOU GAVE EVIDENCE "

YES / NO

IF NO, WHAT INFORMATION DO YOU THINK SHOULD HAVE BEEN PROVIDED "

13 WERE YOU TOLD THE OFFENDER WOULD BE IN COURT WHEN YOU GAVE EVIDENCE "

YES / NO

IF NO DO YOU THINK YOU SHOULD HAVE BEEN TOLD "

- 14 HOW DID YOU FEEL ABOUT THE FACT THAT THE OFFENDER WAS THERE WHEN YOU GAVE EVIDENCE ?
- 15 DO YOU FEEL YOU WERE GIVEN A REALISTIC IMPRESSION BEFORE YOU GAVE EVIDENCE OF WHAT TYPE OF QUESTIONS WOULD BE ASKED ?
YES / NO
- 16 WAS YOUR PAST SEXUAL HISTORY MENTIONED IN THE COURSE OF THE TRIAL ? (DIRECTLY OR INDIRECTLY ?)
YES / NO / DON'T KNOW
- 17 HOW DID YOU FEEL AT THE TIME AND HOW DO YOU FEEL NOW ABOUT THE EXPERIENCE OF GIVING EVIDENCE ?
- 18 DO YOU KNOW THE OUTCOME OF THE TRIAL ?
NO / YES (GO TO 20)
- 19 HOW DO YOU FEEL ABOUT THE FACT THAT YOU DO NOT KNOW THE OUTCOME OF THE TRIAL ?
- 20 WHAT WAS THE OUTCOME OF THE TRIAL ?
NOT GUILTY / NOT PROVEN / GUILTY
- 21 HOW DID YOU FIND OUT THE OUTCOME OF THE TRIAL ?
- 22 HOW DID YOU FEEL AT THE TIME AND HOW DO YOU FEEL NOW ABOUT THE OUTCOME OF THE TRIAL ?
- 23 IF THE OFFENDER WAS SENTENCED, DO YOU KNOW WHAT THE SENTENCE WAS AND HOW DO YOU FEEL ABOUT IT ?
- 24 ON THE WHOLE HOW WOULD YOU RATE YOUR TREATMENT BY THE COURT AND HOW DID IT MAKE YOU FEEL ?
- | | | | | | | | |
|-----------|---|---|---|---|---|---|----------|
| Very Good | 1 | 2 | 3 | 4 | 5 | 6 | Very Bad |
| COMMENTS | | | | | | | |
- 25 CAN YOU THINK OF ANYTHING THAT WOULD HAVE MADE THE EXPERIENCE (IF GOING TO COURT LESS TRAUMATIC FOR YOU ?
- 26 WAS THERE ANY MEDIA COVERAGE OF THE TRIAL ?
YES/ NO (GO TO 27)
- 27 DO YOU FEEL THE MEDIA PROVIDED A REALISTIC DESCRIPTION OF WHAT HAPPENED AND HOW DID IT MAKE YOU FEEL ?
- 28 DO YOU FEEL THE MEDIA COVERAGE HAD ANY EFFECT ON THE WAY OTHERS TREATED YOU ?

E

- 1 HAVE YOU CONTACTED ANY SUPPORT AGENCIES?
NO / YES (NO TO 4)
- 2 WHY DID YOU NOT HAVE ANY CONTACT WITH ANY SUPPORT AGENCIES?
- 3 DO YOU THINK YOU MIGHT SEEK SUPPORT AT ANY TIME IN THE FUTURE IF SO WHY?
- 4 WHAT AGENCIES HAVE YOU BEEN IN CONTACT WITH? (If more than one, use as a contact, following questions can be answered separately for each.)
- 5 HOW DID YOU BECOME AWARE OF THEIR EXISTENCE?
- 6 HOW LONG AFTER THE EVENT DID YOU CONTACT THEM?
YEARS MONTHS DAYS
- 7 WHAT IF ANY PRACTICAL HELP DID YOU RECEIVE FROM THIS AGENCY?
- 8 AFTER INITIAL CONTACT WITH THE AGENCY DID YOU SEEK ONGOING SUPPORT/COUNSELLING?
NO / YES (NO TO 10)
- 9 WAS ONGOING SUPPORT OFFERED. IF IT WAS WHY DID YOU NOT TAKE IT?
- 10 WHAT IS THE MOST IMPORTANT PART OF THAT SUPPORT TO YOU?
- 11 ARE YOU STILL SEEKING SUPPORT FROM THAT AGENCY, IF NOT WHY DID YOU STOP?
- 12 HOW LONG HAS / DID SUPPORT LAST?
YEARS MONTHS DAYS
- 13 IS THERE ANY TYPE OF ASSISTANCE YOU WOULD LIKE, OR LIKE TO HAVE HAD, BUT HAVE NOT BEEN OFFERED?
- 14 OVERALL, WHAT EFFECT DO YOU THINK SUPPORT FROM THIS AGENCY HAS HAD ON YOU?

F

1 WERE THERE ANY LONG LASTING PHYSICAL EFFECTS OF THE VIOLENCE/ABUSE? c.g. serious physical injury, pregnancy

2 DID WHAT HAPPENED AFFECT YOUR SLEEPING PATTERNS EITHER IN THE SHORT OR LONG TERM (IF SO HOW)?

3 DID WHAT HAPPENED AFFECT YOUR EATING PATTERNS EITHER IN THE SHORT OR LONG TERM (IF SO HOW)?

4 DID WHAT HAPPENED AFFECT YOUR BEHAVIOUR WITH REGARDS TO PERSONAL SAFETY (IF SO HOW)?

5 DID WHAT HAPPENED AFFECT YOUR SOCIAL LIFE (IF SO HOW)?

6 WAS THERE ANY OTHER WAY YOUR EXPERIENCE STILL AFFECTS YOUR BEHAVIOUR?

7 DID WHAT HAPPENED EFFECT YOUR RELATIONSHIP WITH YOUR FAMILY (IF SO HOW)?

8 DID WHAT HAPPENED AFFECT YOU RELATIONSHIPS WITH FRIENDS (IS SO HOW)?

9 DID WHAT HAPPENED AFFECT YOUR RELATIONSHIPS WITH YOUR PARTNER (IF SO HOW)?

10 DID YOU TRY TO PRETEND THAT IT HAD NOT HAPPENED, OR THAT IT HAD NOT BEEN AS BAD AS YOU THOUGHT?

11 DID YOU RECOGNISE WHAT HAPPENED AS A CRIME?

12 DID WHAT HAPPENED ALTER YOUR BELIEFS ABOUT THE WORLD, c.g. how, just a place it is?

A Great Deal

Not at all

1 2 3 4 5 6

CUMULATIVE

13 DID WHAT HAPPENED AFFECT YOUR ABILITY TO TRUST OTHER PEOPLE OR YOURSELF?
 A Great Deal
 1 2 3 4 5 6
 Not at all
 COMMENTS

14 AT THAT TIME WHO DID YOU THINK WAS TO BLAME FOR WHAT HAPPENED WHO DO YOU THINK IS TO BLAME NOW (IF DIFFERENT WHAT CHANGED THEIR MIND)?

15 WHAT WERE YOUR STRONGEST EMOTIONAL REACTIONS TO WHAT HAPPENED?

16 WHAT DID YOU FEEL WAS THE WORST PART OF WHAT HAPPENED?

17 DID YOU REPRESS THE MEMORY OF WHAT HAPPENED UNTIL A LATER DATE?
 NO / YES - FOR HOW LONG

18 ON THE WHOLE WHAT TYPE OF EFFECT HAS WHAT HAPPENED HAD ON YOUR LIFE?

19 WHAT DO YOU THINK IS THE MAIN COPING METHOD YOU USE TO DEAL WITH WHAT HAPPENED?

20 HAS ANYTHING HAPPENED SINCE THIS WHICH YOU FEEL HAS HAD A TRAUMATIC EFFECT ON YOU?

21 TO WHAT EXTENT DO YOU FEEL YOU HAD OVER WHAT HAPPENED TO YOU?
 A Great Deal
 1 2 3 4 5 6
 Not at all
 COMMENTS

22 TO WHAT EXTENT DO YOU FEEL YOU HAVE CONTROL OVER THE SAME TYPE OF EXPERIENCE HAPPENING TO YOU AGAIN?

A Great Deal
 1 2 3 4 5 6
 Not at all
 COMMENTS

23 HOW LIKELY DO YOU THINK IT IS THAT YOU WILL HAVE THE SAME TYPE OF EXPERIENCE IN THE FUTURE?

Very Likely
 1 2 3 4 5 6
 Not at all Likely
 COMMENTS

- 28 IS THERE ANYTHING ELSE AT ALL YOU WOULD LIKE TO SAY ABOUT WHAT HAPPENED, THE WAY YOU WERE TREATED BY OTHERS AFTERWARDS ETC ?
- 29 WHAT DO YOU FEEL COULD BE DONE TO ENCOURAGE WOMEN TO REPORT SEXUAL VIOLENCE TO THE POLICE ?
- 30 OVERALL, HOW SERIOUSLY DO YOU THINK YOU HAVE BEEN AFFECTED BY THE INCIDENT ?
- 31 IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY ?

Very Seriously 1 2 3 4 5 6 Not at All

- 24 HOW MUCH MORE LIKELY DO YOU THINK IT IS THAT THIS TYPE OF THING WILL HAPPEN TO YOU IN THE FUTURE COMPARED TO OTHER PEOPLE ?
- 25 HOW LIKELY DO YOU THINK IT IS THAT THIS TYPE OF THING COULD HAPPEN TO ANYONE ?
- 26 HOW MUCH TIME DO YOU THINK YOU SPEND THINKING ABOUT WHY THIS HAPPENED TO YOU ?
- 27 HOW MUCH MEANING DO YOU FEEL YOU HAVE FOUND IN YOUR EXPERIENCE ?

A Great Deal More Likely 1 2 3 4 5 6 A Great Deal Less Likely

COMMENTS

Very Likely 1 2 3 4 5 6 Not at all Likely

COMMENTS

A Great Deal 1 2 3 4 5 6 Very Little

COMMENTS

A Great Deal 1 2 3 4 5 6 Very Little

EXPLAIN THE NATURE OF ANY MEANING YOU HAVE FOUND

INTERVIEW MEASURES

WOMAN'S NO.: _____

PLEASE CIRCLE THE APPROPRIATE RESPONSE BELOW INDICATING
YOUR LEVEL OF AGREEMENT OR DISAGREEMENT WITH EACH OF THE
FOLLOWING STATEMENTS

1. I've found that a person rarely deserves the reputation he has.
Strongly disagree 1 2 3 4 5 Strongly agree 6
2. Basically, the world is a just place.
Strongly disagree 1 2 3 4 5 Strongly agree 6
3. People who get 'luck breaks' have usually earned their good fortune.
Strongly disagree 1 2 3 4 5 Strongly agree 6
4. Careful drivers are just as likely to get hurt in traffic accidents as careless ones.
Strongly disagree 1 2 3 4 5 Strongly agree 6
5. It is a common occurrence for a guilty person to get off free in Scottish courts.
Strongly disagree 1 2 3 4 5 Strongly agree 6
6. Students almost always deserve the grades they receive in school.
Strongly disagree 1 2 3 4 5 Strongly agree 6
7. Men who keep in shape have little chance of suffering a heart attack.
Strongly disagree 1 2 3 4 5 Strongly agree 6
8. The political candidate who sticks up for his principles rarely gets elected.
Strongly disagree 1 2 3 4 5 Strongly agree 6
9. It is rare for an innocent man to be wrongly sent to jail.
Strongly disagree 1 2 3 4 5 Strongly agree 6

10. In professional sports, many fouls never get called by the referee.
 Strongly disagree 2 3 4 5 Strongly agree 6
11. By and large, people deserve what they get.
 Strongly disagree 2 3 4 5 Strongly agree 6
12. When parents punish their children, it is almost always for good reasons.
 Strongly disagree 2 3 4 5 Strongly agree 6
13. Good deeds often go unnoticed and unrewarded.
 Strongly disagree 2 3 4 5 Strongly agree 6
14. Although evil men may hold political power for a while, in the general course of history good wins out.
 Strongly disagree 2 3 4 5 Strongly agree 6
15. In almost any business or profession, people who do their job well rise to the top.
 Strongly disagree 2 3 4 5 Strongly agree 6
16. Scottish parents tend to overlook the things most to be admired in their children.
 Strongly disagree 2 3 4 5 Strongly agree 6
17. It is often impossible for a person to receive a fair trial in Scotland.
 Strongly disagree 2 3 4 5 Strongly agree 6
18. People who meet with misfortune have often brought it on themselves.
 Strongly disagree 2 3 4 5 Strongly agree 6
19. Crime doesn't pay.
 Strongly disagree 2 3 4 5 Strongly agree 6
20. Many people suffer through absolutely no fault of their own.
 Strongly disagree 2 3 4 5 Strongly agree 6

THE GENERAL HEALTH QUESTIONNAIRE

GHQ 28

David Goldberg

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, *over the past few weeks*. Please answer **ALL** the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer **ALL** the questions.

Thank you very much for your co-operation.

Have you recently

A1 – been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2 – been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3 – been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4 – felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5 – been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6 – been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7 – been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

B1 – lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2 – had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3 – felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4 – been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5 – been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6 – found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7 – been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Please turn over

Have you recently

C1 – been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2 – been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3 – felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4 – been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5 – felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6 – felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7 – been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual

D1 – been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2 – felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3 – felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4 – thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5 – found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6 – found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7 – found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

A

B

C

D

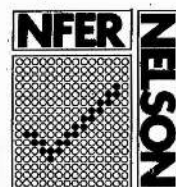
TOTAL

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IN THE SAME MANNER AS ON THE ORANGE SHEET COULD YOU ANSWER THE FOLLOWING ADDITION QUESTIONS - AGAIN FOR THE PAST FEW WEEKS.

Have you recently				
1 - Had any nightmares	Not at all	No more than usual	Rather more than usual	Much more than usual
2- Felt the desire to physically hurt others	Not at all	No more than usual	Rather more than usual	Much more than usual
3- Felt the desire to physically hurt yourself	Not at all	No more than usual	Rather more than usual	Much more than usual
4- Had "flashbacks" (sudden, vivid, distracting memories)	Not at all	No more than usual	Rather more than usual	Much more than usual
5- Felt yourself "spacing out" (going away in your mind)	Not at all	No more than usual	Rather more than usual	Much more than usual
6- Had any problems related to sex or your sexual feelings	Not at all	No more than usual	Rather more than usual	Much more than usual
7- Felt guilty	Not at all	No more than usual	Rather more than usual	Much more than usual

Please answer all the following questions by putting a tick in the box under one of the four headings indicating how frequently the comment was true for you OVER THE LAST TWO MONTHS. E.g. if you experienced them a great deal place a tick under 'very often'.

Have you experienced the following over the last 2 months	Not at all	Rarely experienced	Sometimes experienced	Often experienced
1 Incontinence (trouble getting to sleep)				
2 Restless sleep				
3 Nightmares				
4 Waking up early in the morning and can't get back to sleep				
5 Not feeling satisfied with your sex life				
6 Not feeling rested in the morning				
7 Weight loss (without dieting)				
8 Feelings isolated from others				
9 Low sex drive				
10 Sadness				
11 Having sex you didn't enjoy				
12 Waking up in the middle of the night				
13 "Flashbacks" (sudden, vivid, distracting memories)				
14 Headaches				
15 Stomach problems				
16 Uncontrollable crying				
17 Bad thoughts or feelings during sex				
18 Anxiety attacks				
19 Trouble controlling temper				
20 Trouble getting alone with others				
21 Dizziness				
22 Passing out				

Please tick the box under one of the four headings for each item indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. E.g. if you experienced them a great deal in the last week tick under 'often experienced'; if they did not occur during that time, please tick under the 'not at all' column.

Have you experienced the following over the last 2 months	Not at all	Rarely experienced	Sometimes experienced	Often experienced
23 Being confused about your sexual feelings				
24 Desire to physically hurt yourself				
25 Desire to physically hurt others				
26 Sexual problems				
27 Sexual inactivity				
28 Fear of men				
29 Sexual feelings when you shouldn't have them				
30 Fear of women				
31 Unnecessary or over-frequent washing				
32 Feelings of inferiority				
33 Feelings of guilt				
34 Feelings that things are 'unreal'				
35 Memory problems				
36 Feelings that you are not always in your body				
37 Feeling tense all the time				
38 Having trouble breathing				
39 Loneliness				
40 "Spacing out" (going away in your mind)				

	Not at all	Rarely experienced	Sometimes experienced	Often experienced
1 I thought about it when I didn't mean to				
2 I avoided letting myself get upset when I thought about it or was reminded of it				
3 I tried to remove it from my memory				
4 I had trouble falling asleep or staying awake				
5 I had waves of strong feelings about it				
6 I had dreams about it				
7 I stayed away from reminders of it				
8 I felt as if it hadn't happened or it wasn't real				
9 I tried not to talk about it				
10 Pictures about it popped into my head				
11 Other things kept making me think about it				
12 I was aware that I still had a lot of feelings about it, but I didn't deal with them				
13 I tried not to think about it				
14 Any reminder brought back feelings about it				
15 My feelings about it were kind of numb				

APPENDIX THREE

Interviews with Members of the Scottish Legal System

A number of members of the Scottish Legal System were interviewed regarding their attitudes and opinions concerning Criminal Justice treatment of victims of sexual crimes, and a number of specific points of Scottish law which have raised concern.¹ The responses of these individuals will be presented in terms of their opinions regarding the issues raised, their suggestions regarding possible solutions to problems, and will include necessary information concerning the workings of the legal system. It should be emphasised that the responses presented are purely the opinions of these individuals. It is hoped, however, that they will help provide a greater understanding of Criminal Justice intervention in cases of sexual violence.

Interviewees were asked whether they felt there were any specific problems experienced by victims of sexual crimes (both children and adults) during interactions with the Criminal Justice System. Responses to this varied between those which concentrated upon the difficulties of actually giving evidence and those which commented on the actual treatment of victims. On the first point, several interviewees recognised that victims of sexual crimes might experience more embarrassment and difficulty recounting their experiences than victims of non-sexual crimes. It was suggested that more could be done to prepare victims for their court experience and more information

¹ Interviewees included nine individuals from various levels of the legal system, including Advocates, Sheriffs, Judges, the Lord Advocate, the Solicitor General, and Lord Justice Clerk. Responses to the interview are presented in a manner which ensures they are non-attributable to their source. Interviewees had had between 15 and 45 years experience within the legal system, and the majority had worked on at least 50 sexual assault cases during their career.

could be given concerning what they should expect.²³ Regarding the second point, it was suggested that part of the problem facing victims of sexual crimes was that cases were being taken to court when the evidence was not sufficient to lead to a conviction.⁴ Specifically, it was suggested by one individual, that it was "*cowardice*" on the part of the system to take such cases to court as it would put women through "*another distressing experience for no purpose*". This individual went on to suggest that if the quality of evidence was not sufficient to bring a conviction, either a specifically formed unit within the legal system, or perhaps the Lord Advocate⁵ himself should take responsibility to inform the woman of why the case would not be proceeding. It was also suggested that some Judges may not understand the "*implications of rape or other sexual violations*". In fact it was reported that one Judge had been heard to say "*there is no such thing as rape*". The individual who recounted this comment reported being alarmed at the type of comments that are made behind the scenes and felt these might cause problems in court. This individual did, however, also state the belief that it was only a small proportion of the Judiciary who held such attitudes.

These problems might serve to discourage women from reporting sexual violence, or lead to secondary victimisation. One encouraging factor could be seen to be the fact that individuals *within* the system seem aware of the problems, which might aid attempts to educate and bring change. Obviously, providing information to victims concerning court procedure would at least

² The legal system in Scotland is adversarial in nature, which means that it is a necessary part of the system that the defence must try to disprove the evidence of the prosecution, including the statements of any witnesses.

³ In Scotland, criminal cases are not brought by the 'victim' of the crime, rather by the Crown against the defendant. This means that for the purposes of the trial the victim of the crime acts purely as a witness for the prosecution.

⁴ In Scotland, two forms of corroboration are required to prove a criminal case. In other words, medical evidence alone would not be sufficient. Additionally, unlike England, under Scottish law it must be proved that the victim's will was overcome by use of force or threat of force, in order to bring a 'rape' conviction.

⁵ The Lord Advocate and Procurators Fiscal are responsible for deciding which cases should be prosecuted on behalf of the Crown in Scotland.

allow them to be aware of what to expect.⁶ It was stated, however, that whilst victims are not presently given satisfactory support within the court room, and it is necessary to attempt to achieve a "*level playing-field*" concerning the treatment of the victim compared to the defendant, care should be taken that a bias is not created in the opposite direction. It might seem preferable that victims should not be put through the ordeal of giving evidence if it is especially unlikely that a conviction will be achieved. However, the observation that in such cases the victim should be personally informed of why the case will not proceed warrants attention, as this may help the victim to feel that their experience was at least taken seriously. As regards the attitudes that exist within the legal system this would appear to be an issue that can only be overcome by education specifically aimed at raising awareness about the realities of sexual violence.

Interviewees were asked about the changes that had taken place within the legal system in the last ten years which they felt might have improved the treatment of victims of sexual violence. On the whole, the attitude was that things had improved, although there were likely to be more changes that could be made. Specific changes mentioned included the fact that child victims can now be interviewed via closed-circuit television or be shielded from the defendant by screens when giving evidence. Also, it is possible for the Judge to come down from the bench and remove their gown and wig, in order to talk to children in a less intimidating atmosphere. These changes were on the whole felt to be good, although some interviewees did remark that CCTV could be quite misleading as to the size and appearance of children. It was also suggested that court procedure should be kept somewhat formal in order to impart a level of seriousness and discourage children from lying.

As regards adult victims, some interviewees felt one of the most

⁶ This issue of information provision will be further discussed with regard to solving the problems that exist.

encouraging changes that had taken place was that defence lawyers now need to make a specific application if they wish to present evidence concerning a victims dress at the time of the incident, or prior sexual history. There was some dispute however, concerning whether this stricter ruling was sufficient. One individual stated that they felt that this rule was not being applied as rigidly as it could be, whereas, another individual remarked that the only reason that most applications were granted was that the defence lawyers would not make an application without obvious good cause. Due to the negative effects extraneous information can have upon the attributions made about victims of sexual violence⁷, any attempt to prevent the introduction of such information into a courtroom might help prevent bias against the victim.

In Scotland, the victim of a sexual crime is granted the right to anonymity whilst the defendant is not. Interviewees were asked their opinions on this issue. All but one person interviewed felt that victims of sexual crimes should retain the right to anonymity. One interviewee suggested the right to anonymity might serve to encourage report, whilst another pointed out that this right should also apply to male victims. As regards the lack of provision of anonymity to the defendant, two interviewees suggested this might be a good thing especially if the case leads to acquittal. The remainder of interviewees either stated that they saw no need for defendants to be afforded this right, or that it was in the public interest to be know a defendants name. Whether or not the defendant is afforded the right to anonymity, removing such a right from the victim would be unlikely to encourage women to report sexual crimes.

Within the Scottish Legal System one of three verdicts can be returned by a jury. These are 'guilty', 'not guilty', and 'not proven'. 'Not proven' serves the same function as 'not guilty' in that the defendant will be released and cannot be tried again for the same offence. There is currently a campaign to remove this

⁷ See chapters 3 and 4.

verdict as it is believed by some members of the general public to increase the likelihood that guilty defendants will be acquitted.⁸ The members of the legal system interviewed in the present study were asked their opinion concerning the retention of the three-verdict system.

All interviewees felt that the 'not proven' verdict should be retained, as on the whole it was thought that removing it would lead to more 'not guilty' verdicts rather than more 'guilty' verdicts. This is thought to be the case due to the fact that any jury is unable to return a verdict of 'guilty' unless they are convinced of the defendants guilt 'beyond reasonable doubt'. Therefore, it was suggested that if a jury has a level of doubt sufficient to return a 'not proven' verdict, if that verdict did not exist, the jury would simply return a 'not guilty' verdict. It was also pointed out, that should the system revert to two verdicts, the make-up of the jury would probably have to change and possibly a unanimous verdict would be required to find a defendant guilty. In addition, it was suggested that the 'not proven' verdict might help victims to feel that conviction was not achieved due to insufficient evidence, rather than the jury 'disbelieving' their testimony, and might act to "*put doubt*" in the minds of the public as regards the character of the defendant.

Due to the fact that lack of information was mentioned as a problem faced by victims in court, members of the legal system were asked what types of information they felt should be provided. Several interviewees believed that giving women factual information about the structure of the legal system (i.e., that it is an adversarial system) and the purpose of cross-examination, would at least allow women to be aware of what was going to happen and why. It was remarked that the Victim Support organisation was proficient at providing all information that was necessary, however, other interviewees felt that this organisation was not equipped to deal with the specific issues relating to sexual

⁸ A jury in Scotland is comprised of 15 individuals, and a verdict does not need to be unanimous, but can be returned by a majority.

crimes.⁹ The majority of interviewees also felt that victims have the right to be informed of the outcome of the trial, appeals and release dates. In addition, it was suggested that should be charges be reduced (whether due to insufficiency of evidence or plea-bargaining) women should be given information as to why this occurred. As regards financing the provision of such information, it was pointed that this need be neither costly or complicated. It was suggested that information regarding the system could be sent with witness citations, and if necessary, rather than contacting individuals, they could be given a specific telephone number to call where they could obtain information regarding trial outcomes and release dates.

On a more general level, the members of the legal system interviewed were asked their opinion of the treatment of women and children who report sexual crimes. On the whole, the majority felt that treatment by both the police and courts had improved greatly, but some suggested it could certainly improve further. One interviewee specifically suggested that a victim's treatment will be dependent upon the stereotypes held by the individuals they come into contact with, and another suggested that victims will always be treated better in the case of stranger rape rather acquaintance rape. Psychological research does appear to suggest this is the case (see Chapter 4). The majority of interviewees appeared to believe that children were treated quite well by courts in light of recent changes, and it was suggested that they are treated especially well in comparison to adults.

In light of the general opinion that attitudes and practices had improved, interviewees were asked what could be done to encourage women and children to disclose. On the whole it was suggested that education of parents, teachers and the public could do the most to encourage children to disclose, although it was suggested that there is a *"fine line between protecting children, destroying innocence and planting ideas in the minds of imaginative children"*. In view of

⁹ It should also be noted that none of the victims in the survey study presented (see chapter 6) had had any contact with Victim Support.

the findings of the survey study, that victims are unlikely to disclose unless they feel they will meet with a sympathetic attitude (see Chapter 6), improved awareness and openness would certainly seem a positive step towards encouraging disclosure. In line with a general belief that treatment of victims of sexual violence had improved, it was suggested that in order to encourage adults to disclose, public attitude concerning the Criminal Justice response to sexual violence needed to become more positive. Whilst this may be the case, the problems highlighted in these interviews would certainly need to be tackled to ensure that victims would not be further victimised if they did report. In support of this point, one interviewee did suggest that positive feedback from those women who did report would probably be most effective in encouraging others.

Summary

The members of the legal system interviewed provided an informative insight into the treatment of victims of sexual crimes by the Criminal Justice System. On the whole, the opinion appeared to be that attitudes and procedures had been improving over recent years, although there were some problems remaining. Most of the important changes that have taken place regard the treatment of children and the type of evidence that can be presented in court. Also, it appears that some aspects of the system might be beneficial to victims of sexual violence (i.e., provision of anonymity to victims, and the three-verdict system). As regards the changes that could still take place, provision of sufficient information to victims appeared to be a non-fundamental and potentially very positive change. This might include an explanation of the adversarial legal system and the purpose of cross-examination. Also, it might be made possible and simple for victims to gain information concerning appeals, release and parole. This might at least allow victims to be prepared for what will happen in the court room, and feel that their part in Criminal Justice process was being

taken more seriously.¹⁰ It has also been suggested that education of members of the Criminal Justice System concerning the facts and effects of sexual violence might still be necessary, to ensure against stereotyping or dismissive attitudes.

The fact that these issues were raised from within the legal system might be a positive point concerning the possibility that these changes will take place. However, research into *exactly* what those victims who do interact with the Criminal Justice System feel, and want, would shed further light on how best to effectively prevent secondary victimisation.

¹⁰ Since these interviews were carried out the Crown Office has stated that from April 1997 victims of sexual crimes will, if they wish to be, informed of release dates for convicted offenders.